

PRESCHOOL EXTENDED CARE REGISTRATION

MAY Code: 16329

Registration and payment must be received by Noon Friday prior to the week you want your child to attend. Late registration will not be accepted. Registration Forms with payment can be processed at the Front desk, faxed to 847-531-7020 or emailed to: Reynolds_k@cityofelgin.org.

Child's Name _____ Attends Preschool in: _____
(Classroom Name)

Parent's Name & Email _____

Attends preschool on: M T W Th F Class Start Time: _____ End Time: _____

I am registering for: _____ Before Care only (\$4/day)
 (Check one) _____ After Care only (\$4/day)
 _____ Before/After Care (\$6/day)

There is a maximum of 1 hour extended care before and/or after the start time of your child's specific preschool class. Late fees of \$1.00 per minute will be applied after 10 minutes and repeat offenses will result in disenrollment from the program.

MONTHLY SCHEDULE

(Please check mark all the days that you will need care)

MAY 2015				
Mon	Tues	Wed	Thu	Fri
4	5	6	7	8
11	12	13	14	15
18	19	Enjoy your summer!		

*Shaded days are not available for extended care

Monthly Extended Care Due: \$ _____

(#Days x Care Option Fee= Monthly Fee Due)

FORM OF PAYMENT

_____ Cash Amt. _____ Check Amt. _____ Credit Card Amt.

Credit Card Information: Type: Visa MC Discover

Card Number _____ - _____ - _____ - _____ Exp. Date _____ CVS # _____

Name on Card _____

Signature _____