

March 2020 Extended Day Sign-up Sheet

submit form to mcarter@brightmoorcc.org by February 10; payment due February 15

Student name _____
(one form per student please)

Primary contact name _____
phone number _____

please click the checkbox for each type of care needed in each day:

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
2	AM care 6:30a-7:30a	3	AM care 6:30a-7:30a	4	AM care 6:30a-7:30a	5	AM care 6:30a-7:30a	6 NO SCHOOL FUN FOR KIDS available school day (7:00a-3:00p) full day (7:00a-6:00p)	
	PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		
9	AM care 6:30a-7:30a	10	AM care 6:30a-7:30a	11	AM care 6:30a-7:30a	12	AM care 6:30a-7:30a	13 AM care 6:30a-7:30a	
	PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		
16	AM care 6:30a-7:30a	17	AM care 6:30a-7:30a	18	AM care 6:30a-7:30a	19	AM care 6:30a-7:30a	20 AM care 6:30a-7:30a	
	PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		
23	AM care 6:30a-7:30a	24	AM care 6:30a-7:30a	25	AM care 6:30a-7:30a	26	AM care 6:30a-7:30a	27 AM care 6:30a-7:30a	
	PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		
30	AM care 6:30a-7:30a	31	AM care 6:30a-7:30a						
	PM care 3:00p-6:00p		PM care 3:00p-6:00p						

AM care days checked: _____ X \$ 5.00 = \$ _____

PM care days checked: _____ X \$10.00 = \$ _____

FFK half days: _____ X \$50.00 = \$ _____

FFK full days: _____ X \$60.00 = \$ _____

if after February 15, add \$25.00 late fee = \$ _____

TOTAL DUE \$ _____

OFFICE USE ONLY:
DATE RECEIVED: _____
AMT DUE: _____ AMT PAID: _____