

December 2019 Extended Day Sign-up Sheet

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

Student name _____ Primary contact name _____
(one form per student please) 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 PM care 3:00p-6:00p	3	AM care 6:30a-7:30a PM care 3:00p-6:00p	4	AM care 6:30a-7:30a PM care 3:00p-6:00p	5	AM care 6:30a-7:30a PM care 3:00p-6:00p	6	AM care 6:30a-7:30a PM care 3:00p-6:00p
9	AM care 6:30a-7:30a PM care 3:00p-6:00p	10	AM care 6:30a-7:30a PM care 3:00p-6:00p	11	AM care 6:30a-7:30a PM care 3:00p-6:00p	12	AM care 6:30a-7:30a PM care 3:00p-6:00p	13	AM care 6:30a-7:30a PM care 3:00p-6:00p
16	AM care 6:30a-7:30a PM care 3:00p-6:00p	17	AM care 6:30a-7:30a PM care 3:00p-6:00p	18	AM care 6:30a-7:30a PM care 3:00p-6:00p	19	AM care 6:30a-7:30a PM care 3:00p-6:00p	20	AM care 6:30a-7:30a PM care 3:00p-6:00p
23	NO SCHOOL FUN FOR KIDS available	24	<u>NO SCHOOL</u> Fun for Kids program NOT available	25	<u>NO SCHOOL</u> Fun for Kids program NOT available	26	NO SCHOOL	27	NO SCHOOL
	school day (7:00a-3:00p) full day (7:00a-6:00p)						school day (7:00a-3:00p) full day (7:00a-6:00p)		school day (7:00a-3:00p) full day (7:00a-6:00p)
30	NO SCHOOL	31	<u>NO SCHOOL</u> Fun for Kids program NOT available						
	school day (7:00a-3:00p) full day (7:00a-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 November 15, add \$25.00 late fee = \$ _____

TOTAL DUE \$ _____

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