

October 2020 Extended Day Sign-up Sheet

submit form to mcarter@brightmoorcc.org by September 10; payment due September 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	
						1	AM care 6:30a-7:30a PM care 3:00p-6:00p	2	NO SCHOOL
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	7	AM care 6:30a-7:30a PM care 3:00p-6:00p	8	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
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	14	AM care 6:30a-7:30a PM care 3:00p-6:00p	15	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
19	AM care 6:30a-7:30a PM care 3:00p-6:00p	20	NO SCHOOL	21	AM care 6:30a-7:30a PM care 3:00p-6:00p	22	AM care 6:30a-7:30a PM care 3:00p-6:00p	23	NO SCHOOL
26	AM care 6:30a-7:30a PM care 3:00p-6:00p	27	AM care 6:30a-7:30a PM care 3:00p-6:00p	28	AM care 6:30a-7:30a PM care 3:00p-6:00p	29	AM care 6:30a-7:30a PM care 3:00p-6:00p	30	AM care 6:30a-7:30a PM care 3:00p-6:00p

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

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

** forms submitted after Sep 10 will be subject to \$10.00 late fee
 accounts paid after Sep 15 will be subject to \$25.00 late fee*

TOTAL DUE: \$ _____