# March 2021 Extended Day Sign-up Sheet

**submit form to mcarter@brightmoorcc.org by February 10; payment due February 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 | **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 |
| ☐ PM care 3:00p-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 |
| **8** ☐ AM care 6:30a-7:30a | **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 |
| ☐ PM care 3:00p-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 |
| **15** ☐ AM care 6:30a-7:30a | **16** ☐ AM care 6:30a-7:30a | **17** ☐ AM care 6:30a-7:30a | **18** ☐ AM care 6:30a-7:30a | **19** **NO SCHOOL** |
| ☐ PM care 3:00p-6:00p | ☐ PM care 3:00p-6:00p | ☐ PM care 3:00p-6:00p | ☐ PM care 3:00p-6:00p | |
| **22** ☐ AM care 6:30a-7:30a | **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 |
| ☐ PM care 3:00p-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 |
| **29** ☐ AM care 6:30a-7:30a | **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 | ☐ PM care 3:00p-6:00p | | |

AM care days checked: _____ X $5.00 $_____

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

*forms submitted after Feb. 10 will be subject to $10.00 late fee*

*accounts paid after Feb. 15 will be subject to $25.00 late fee*

TOTAL DUE: $_____