

November 2020 Extended Day Sign-up Sheet

submit form to mcarter@brightmoorcc.org by October 10; payment due October 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	3	AM care 6:30a-7:30a	4	AM care 6:30a-7:30a	5	AM care 6:30a-7:30a	6	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
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		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		PM care 3:00p-6:00p
23	AM care 6:30a-7:30a	24	AM care 6:30a-7:30a	25	NO SCHOOL	26	NO SCHOOL	27	NO SCHOOL
	PM care 3:00p-6:00p		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 Oct 10 will be subject to \$10.00 late fee
 accounts paid after Oct 15 will be subject to \$25.00 late fee*

TOTAL DUE: \$ _____