

Extended Day **Kinder Care 2017/2018**

Student Name (First & Last) _____ Grade _____

Parent's Name (First & Last) _____

Mailing Address _____

Home Phone Number _____ Cell Phone Number _____

Email Address (for billing purposes) _____

Please Circle the Days your student will attend

12:05 – 2:40

Monday

Tuesday

Wednesday

Thursday

Friday

Will your student be needed school lunch through the CUSD lunch program?

YES

NO

I, _____ (printed name), agree to the terms of the above contract.

Parent/Guardian Signature

Date

Effective Date