

Recreation Department
Extended Care Form

Child's Name: _____ Group: _____

Parent/Guradian's Name: _____

Work #: _____ Cell #: _____

___ Before Care 7am to 7:30am \$25 per week for family
___ After Care 5pm to 5:30pm \$25 per week for family
___ Both Before and Aftercare \$40 per week per family

Week 1	Amount Paid _____	Date Paid _____	___ credit ___ check
Week 2	Amount Paid _____	Date Paid _____	___ credit ___ check
Week 3	Amount Paid _____	Date Paid _____	___ credit ___ check
Week 4	Amount Paid _____	Date Paid _____	___ credit ___ check
Week 5	Amount Paid _____	Date Paid _____	___ credit ___ check
Week 6	Amount Paid _____	Date Paid _____	___ credit ___ check
Week 7	Amount Paid _____	Date Paid _____	___ credit ___ check
Week 8	Amount Paid _____	Date Paid _____	___ credit ___ check
Week 9	Amount Paid _____	Date Paid _____	___ credit ___ check
Week 10	Amount Paid _____	Date Paid _____	___ credit ___ check

