Child's Name $\qquad$ Grade Please complete a form for each registered child in your family

## PRESCHOOL FULL DAY

Please choose from the following options and circle the days your child will be attending preschool and extended care:

## 2 to 5 days per week

- Preschool 8:00 a.m.- 3:30 p.m. \$35.00 per day

M T W TH F

## PRESCHOOL EXTENDED CARE

## 1-2 days per week

- Before Care 6:00-8:00 a.m. $\$ 8.50$ per day

M T W TH F

- After Care 3:30-6:00 p.m.
$\$ 9.00$ per day
M T W TH F

Extended Care 6:00 a.m.-6:00 p.m. Discounted Rate

- 3 to 5 days per week $\$ 8.50$ per day

M T W TH F

## SCHOOL AGE EXTENDED CARE

Please choose from the following options and circle the days your child will be attending care:
Before Care 6:00-8:30 a.m.

- 1 to 5 days per week After Care 3:45-6:00 p.m. - 1 to 5 days per week
$\$ 8.50$ per day
$\$ 9.00$ per day
M T W TH F

Payments can be made with cash or check to Goodrich Community Education or you may email this form to ccrosby@goodrichschools.org to be invoiced for online payment (online payment fees apply).

Future monthly Invoices will include all scheduled care days that fall on District operating days. You will not be invoiced for scheduled school closure days. School Age Care on scheduled half/full closure days will be offered and charged separately.


Amt. Due:
Family Discount/ Late Fee:

Total Due:

