

Name of Child

Month November 2017

Campus: Cabbagetown

Emergency Phone Number

Grant Park

Special Instructions

	Monday		Tuesday		Wednesday		Thursday		Friday		Total Prepaid Hours
	Start	End	Start	End	Start	End	Start	End	Start	End	
					1-Nov		2-Nov		3-Nov		
AM											0.0
PM											0.0
	6-Nov		7-Nov		8-Nov		9-Nov		10-Nov		
AM											
PM											0.0
	13-Nov		14-Nov		15-Nov		16-Nov		17-Nov		
AM											0.0
PM											0.0
	20-Nov		21-Nov		22-Nov		23-Nov		24-Nov		
AM											0.0
PM											0.0
	27-Nov		28-Nov		29-Nov		30-Nov				
AM											0.0
PM											0.0
					1					Total Prepaid	0.0
					2					Cost = Line 1 \$ 6.00	0.00
					3					Discount 20% (60 hrs or above)	
					4					Total to	0.00

I have read and agree to terms of extended day listed on next page. If submitting the form electronically please fill in the time (8:00 am format).
 Hardcopy forms without signature will not be accepted.

Parent or Guardian Signature _____