

# Extended Day Form -- Electronic

Name of Child \_\_\_\_\_

Month August 2018

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	Hours
				1-Aug		2-Aug		3-Aug		0.0
AM										0.0
PM										0.0
	6-Aug	7-Aug	8-Aug	9-Aug	10-Aug					0.0
AM										0.0
PM										0.0
	13-Aug	14-Aug	15-Aug	16-Aug	17-Aug					0.0
AM										0.0
PM										0.0
	20-Aug	21-Aug	22-Aug	23-Aug	24-Aug					0.0
AM										0.0
PM										0.0
	27-Aug	28-Aug	29-Aug	30-Aug	31-Aug					0.0
AM										0.0
PM										0.0
				1	Total Prepaid Hours					0.0
				2	Cost = Line 1* \$ 6.00					\$ -
				3	Discount 20% ( 60 hrs or above)					
				4	<b>Total to pay = Line 2 - Line 3</b>					<b>0.00</b>

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 \_\_\_\_\_