

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		30-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	Total to pay = Line 2 - Line 3					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 _____