

The after-school **Extended Day for Rosebud and Aftercare for Kindergarten through Sixth Grade** is intended for the use of parents who need care for their children beyond the school day. These programs require pre-registration. **THERE IS NO EMERGENCY DROP IN AFTERCARE THIS YEAR.**

Please send a healthy snack for your child. Snacks are not provided by the Extended Day and Aftercare programs.

Aftercare Day Program Fees

School Days: 3 – 5pm	Rosebud Garden	\$9 per hour; \$5 per hour for subsequent children
School Days: 3:15 – 5:30 pm	Kindergarten-Grade 6	\$9 per hour; \$5 per hour for subsequent children
<ul style="list-style-type: none"> A \$25 late fee will be charged for pickups after 5pm for Rosebud Garden or 5:30 pm for K-6. 		

All who are planning to have their children attend the Extended Day or Aftercare Program must fill out this registration form and return it to the Business Office.

Please complete a separate form for each child attending.

Student Name: _____ Grade: _____

Please enroll my child in the Extended Day/ Aftercare Program on the following days:

<input type="checkbox"/> Five Days:	<input type="checkbox"/> Monday through Friday				
<input type="checkbox"/> Four Days:	<input type="checkbox"/> Mondays	<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Thursdays	<input type="checkbox"/> Fridays
<input type="checkbox"/> Three Days:	<input type="checkbox"/> Mondays	<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Thursdays	<input type="checkbox"/> Fridays
<input type="checkbox"/> Two Days:	<input type="checkbox"/> Mondays	<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Thursdays	<input type="checkbox"/> Fridays
<input type="checkbox"/> One Day:	<input type="checkbox"/> Mondays	<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Thursdays	<input type="checkbox"/> Fridays

Parent One's Name and Telephone Number(s) during the school day:

Parent Two's Name and Telephone Number(s) during the school day:

Names and Telephone Number(s) of all adults authorized to pick up student:

Please describe any allergies or additional medical conditions that we should be aware of in order to best care for your child. _____