

**Changes to your Pre-Schedule**

**Extended Day Program**

**I do not need care for my child on the days indicated below:**

Week of: \_\_\_\_\_ Date Submitted \_\_\_\_\_

**One Form per Child**

Child Name: _____	Parent Name: _____
Grade: _____	Daytime Phone: _____

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____
Day Total: _____	Day Total: _____	Day Total: _____	Day Total: _____	Day Total: _____

\*\*\* Hours/fees are rounded up to the nearest ¼ hour \*\*\*

**Weekly Total Hours = \_\_\_\_\_**

**Weekly Total Charges @ \$5.50/ hour = \_\_\_\_\_**

- **Please submit the schedule change to the Extended Day Mail Box by Friday of the preceding the week to cancel your pre-scheduled time. If you have not cancelled by the previous Friday your account will be billed.**

**Monthly Pre-schedule**  
Billing period 24<sup>th</sup>-24<sup>th</sup>

**Extended Day Program**  
Must be submitted the Previous Friday

If you require **drop-in** Extended Day Program, please fill out the form below and submit it to the EDP mailbox or the office as soon as possible. All hours will be billed to your school account at a rate of **\$5.00/hour**.

MONTH OF \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

**One Form per Child**

Child Name: _____	Parent Name: _____
Grade: _____	Daytime Phone: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____

Monday	Tuesday	Wednesday	Thursday	Friday
Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____

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Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____

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Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____	Pick-up Time: ____

In the event that a drop-in requires the school to hire additional

- In the event that a drop-in requires the school to hire additional providers there may be a **\$10 fee** assessed
- Please pick-up children promptly. All late pick-ups greater than 15 minutes will result in a charge at the undiscounted rate. Pick-ups after 5:30 PM will be charged at \$5 per five minute increments.

**Drop in form**

**Extended Day Program**  
**I need care for my child on the days indicated below:**

Week of: \_\_\_\_\_ Date Submitted \_\_\_\_\_

**One Form per Child**

Child Name: _____	Parent Name: _____
Grade: _____	Daytime Phone: _____

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____
.....	.....	.....	.....	.....
Day Total: _____	Day Total: _____	Day Total: _____	Day Total: _____	Day Total: _____

\*\*\* Hours/fees are rounded up to the nearest ¼ hour \*\*\*

**Weekly Total Hours = \_\_\_\_\_**

**Weekly Total Charges @ \$5.50/ hour = \_\_\_\_\_**

# Monthly Pre-schedule

Billing period 24<sup>th</sup>-24<sup>th</sup>

# Extended Day Program

Must be submitted the Previous Friday

If you require **drop-in** Extended Day Program, please fill out the form below and submit it to the EDP mailbox or the office as soon as possible. All hours will be billed to your school account at a rate of **\$5.00/hour**.

MONTH OF \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

### One Form per Child

Child Name: _____	Parent Name: _____
Grade: _____	Daytime Phone: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____

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Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____	Month/Day: ____
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____	Pick-up Time: _____

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