

**February Daycare
Due: Jan 6, 2020**

BEFORE & AFTER CARE REGISTRATION FORM

This form must be filled out each month that you wish for your child to stay extended day or come early for breakfast room. If we do not have this form by the due date above, we cannot guarantee that we will have space for your child. There is a \$20 late charge if this form is turned in after the due date.

Child's Name _____ Month: **February 2020**

Please circle the dates and times you need for your child:

Early Morning	Monday	Tuesday	Wednesday	Thursday	Friday
7:30-9:00	3, 10	4, 11	5, 12	6,13	7, 14
\$7.00/day	X, 24	18, 25	19, 26	20, 27	21, 28

***Lunch & nap groups for infants, toddlers, 2's, 3's and 4's who aren't doing Educational Enrichment
(Please circle only 1 choice per day!)**

Lunch Groups	Monday	Tuesday	Wednesday	Thursday	Friday
12:00-1:00	3, 10	4, 11	5, 12	6,13	7, 14
\$11.50/day	X, 24	18, 25	19, 26	20, 27	21, 28
12:00-3:00	3, 10	4, 11	5, 12	6,13	7, 14
\$19.00/day	X, 24	18, 25	19, 26	20, 27	21, 28
12:00-6:00	3, 10	4, 11	5, 12	6,13	7, 14
\$25.50/day	X, 24	18, 25	19, 26	20, 27	21, 28

***Pre-K Educational Enrichment** is for children in the 4's classes only and runs in two semesters. Weekly schedule (12:00-3:00) must remain the same for Aug-Dec. You may set a new schedule for Jan-May. Late day (3:00-6:00) is not restricted.

4's Enrichment	Monday	Tuesday	Wednesday	Thursday	Friday
12:00-3:00	3, 10	4, 11	5, 12	6,13	7, 14
\$24.00/day	X, 24	18, 25	19, 26	20, 27	21, 28
3:00-6:00	3, 10	4, 11	5, 12	6,13	7, 14
\$7.25/day	X, 24	18, 25	19, 26	20, 27	21, 28

**There are 19 school days in February. MON-3, TUE-4, WED-4, THUR-4, FRI-4
No School: 2/17 Teacher In-Service**

	# of Days	Daily Rate	Everyday	Amount owed
7:30 – 9:00		@ \$7.00 per day	\$133.00	
12:00 – 1:00		@ \$11.50 per day	\$218.50	
12:00 – 3:00		@ \$19.00 per day	\$361.00	
12:00 – 6:00		@ \$25.50 per day	\$484.50	
4's enrichment 12:00-3:00		@ \$24.00 per day	\$456.00	
4's 3:00-6:00		@ \$7.25 per day	\$137.75	
Total				
Less 20% for Synagogue Member				
Late Fee-After due date add \$20.00				
Amount Owed				

*If check/cash is not submitted with this form your credit/debit card will be processed for the full amount on or around the 10th of February.

Check # _____ attached for payment in full.

Signature _____