

# Extended Day Weekly Registration Form

Mark the approx. pick-up time for days that child(ren) will be attending and return to office Monday morning

Monday	Tuesday	Wednesday	Thursday	Friday
___/___, _____ pm	___/___, _____ pm	___/___, _____ pm	___/___, _____ pm	___/___, _____ pm

Family Name \_\_\_\_\_ Phone \_\_\_\_\_

Child First Name \_\_\_\_\_ Grade \_\_\_\_\_

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