



2500 N. Green Bay Road
 Racine, WI 53405
 (262) 634-1123
 www.racinecooperativepreschool.com

Extended Care Registration Form 2017-18

Child's Name _____ Date of Birth _____

Options: Before School Lunch Bunch After School

Number of Days Attending (Please indicate one choice)	Days Attending (Please mark all that apply)	Tuition Option (please check one)
<input type="checkbox"/> 1 day per week	<input type="checkbox"/> Monday	<input type="checkbox"/> Annual
<input type="checkbox"/> 2 days per week	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Monthly
<input type="checkbox"/> 3 days per week	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Drop-in
<input type="checkbox"/> 4 days per week	<input type="checkbox"/> Thursday	
<input type="checkbox"/> Drop-In		

By signing my child up for Racine Cooperative Preschool's Before or After School Program, I agree to fulfill these responsibilities by initialing the following:

- _____ Pay the annual tuition by Sept. 10th , 2017 or monthly tuition by the 1st of the month Sept. through May (or pay for drop-in care at least 1 day prior to care).
- _____ Notify the office of any changes to the above schedule.
- _____ Provide a healthy lunch for my child each day (no soda or candy).
- _____ Provide a blanket OR sleeping bag for my child.
- _____ Pick up my child no later than 4:00pm.

I hereby agree to abide by the parent responsibilities stated above and on the Before and After-School Care Information sheet provided to me. Any policy changes will be provided to me in writing prior to being implemented.

 Signature

 Date