

March 2024 Extended Day Sign-up Sheet

submit form to mcarter@brightmoorcc.org by February 10; payment due February 15

Student name _____ Primary contact name _____

(one form per student please) phone number _____

please click the checkbox for each type of care needed in each day:

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
								1	AM care 6:30a-7:30a PM care 3:00p-6:00p
4	AM care 6:30a-7:30a PM care 3:00p-6:00p	5	AM care 6:30a-7:30a PM care 3:00p-6:00p	6	AM care 6:30a-7:30a PM care 3:00p-6:00p	7	AM care 6:30a-7:30a PM care 3:00p-6:00p	8	AM care 6:30a-7:30a PM care 3:00p-6:00p
11	AM care 6:30a-7:30a PM care 3:00p-6:00p	12	AM care 6:30a-7:30a PM care 3:00p-6:00p	13	AM care 6:30a-7:30a PM care 3:00p-6:00p	14	AM care 6:30a-7:30a PM care 3:00p-6:00p	15	AM care 6:30a-7:30a PM care 3:00p-6:00p
18	AM care 6:30a-7:30a PM care 3:00p-6:00p	19	AM care 6:30a-7:30a PM care 3:00p-6:00p	20	AM care 6:30a-7:30a PM care 3:00p-6:00p	21	AM care 6:30a-7:30a PM care 3:00p-6:00p	22	NO SCHOOL
25	AM care 6:30a-7:30a PM care 3:00p-6:00p	26	AM care 6:30a-7:30a PM care 3:00p-6:00p	27	AM care 6:30a-7:30a PM care 3:00p-6:00p	28	AM care 6:30a-7:30a PM care 3:00p-6:00p	29	NO SCHOOL

AM care days checked: _____ X \$5.00 \$ _____

PM care days checked: _____ X \$15.00 \$ _____

** forms submitted after Feb. 10 will be subject to \$10.00 late fee ~
accounts paid after Feb. 15 will be subject to \$25.00 late fee*

TOTAL DUE: \$ _____