

November 2023 Extended Day Sign-up Sheet

submit form to mcarter@brightmoorcc.org by October 10; payment due October 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	2	AM care 6:30a-7:30a PM care 3:00p-6:00p	3	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	NO SCHOOL	8	AM care 6:30a-7:30a PM care 3:00p-6:00p	9	AM care 6:30a-7:30a PM care 3:00p-6:00p	10	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	16	AM care 6:30a-7:30a PM care 3:00p-6:00p	17	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	23	NO SCHOOL	24	NO SCHOOL
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	AM care 6:30a-7:30a PM care 3:00p-6:00p	30	AM care 6:30a-7:30a PM care 3:00p-6:00p		

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

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

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

TOTAL DUE: \$ _____