

May 2023 Extended Day Sign-up Sheet

submit form to mcarter@brightmoorcc.org by April 10; payment due April 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	2	AM care 6:30a-7:30a	3	AM care 6:30a-7:30a	4	AM care 6:30a-7:30a	5	AM care 6:30a-7:30a
	PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p
8	AM care 6:30a-7:30a	9	AM care 6:30a-7:30a	10	AM care 6:30a-7:30a	11	AM care 6:30a-7:30a	12	AM care 6:30a-7:30a
	PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p
15	AM care 6:30a-7:30a	16	AM care 6:30a-7:30a	17	AM care 6:30a-7:30a	18	AM care 6:30a-7:30a	19	AM care 6:30a-7:30a
	PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p
22	AM care 6:30a-7:30a	23	AM care 6:30a-7:30a	24	AM care 6:30a-7:30a	25	AM care 6:30a-7:30a	NO SCHOOL	
	PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		PM care 3:00p-6:00p		
29	NO SCHOOL		30	AM care 6:30a-7:30a	31	AM care 6:30a-7:30a			
			PM care 3:00p-6:00p		PM care 3:00p-6:00p				

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

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

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

TOTAL DUE: \$ _____