



# AFTERNOON KINDERGARTEN ENROLLMENT FORM

School Year: \_\_\_\_\_

Name of Student	days	total # of days	X \$100
_____	M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
_____	M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
_____	M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____	_____

**TOTAL: \$** \_\_\_\_\_

The above mentioned child(ren) will be taking part in the Afternoon Kindergarten Program from 12:05 p.m. to 2:45 p.m. at a cost of \$100 per day, per year. (This is payable at the beginning of the year along with the school fees.)  
I agree to pick up my child(ren) at 2:45 p.m. on the days indicated above, or the following people have my permission to do so:

\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_