

The following individuals have permission to pick up my child/children from the Madeleine Choir Extended Care Program:

Name:	Address:	Relationship:	Cell phone:
Name:	Address:	Relationship:	Cell Phone:
Name:	Address:	Relationship:	Cell Phone:
Name:	Address:	Relationship:	Cell Phone:
Name:	Address:	Relationship:	Cell Phone:

In order to assist our staffing needs, please indicate below when you plan to use Extended Care during the school year 2017-2018 by circling the most applicable schedule. This will aid us in preparing to meet the needs of your children.

Extended Care \$10.00 per day	Late Arrival Extended Care \$12.00
M T W TH F	Yes or No

Please enclose the following (made payable to Madeleine Choir Extended Care):
\$45.00 per child Registration/Supplies/Snacks Fee (non-refundable)

<p><u>MCEC USE ONLY</u></p> <p>CK# _____</p> <p>AMT _____</p> <p>Date PD _____</p>
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