

Recreation Department
Extended Care Form

Child's Name: _____ Group: _____

Parent/Guradian's Name: _____

Work #: _____ Cell #: _____

____ Before Care 6:45am to 7:45am \$25 per week for family

____ After Care 5:15-6pm \$25 per week for family

____ Both \$40 per week per family

Week _____ Amount Paid _____ Date Paid _____ __cash__ credit__ check

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