



Extended Day

Kinder Care

2018/2019 School Year

Student Name (First & Last) _____ Grade _____

Parent's Name (First & Last) _____

Mailing Address _____

Home Phone Number _____ Cell Phone Number _____

Email Address (for billing purposes) _____

Parent's Name (First & Last) _____

Mailing Address _____

Home Phone Number _____ Cell Phone Number _____

Email Address (for billing purposes) _____

Please Circle the Days your student will attend

12:05 – 2:50 Monday Tuesday Wednesday Thursday Friday

Will your student be receiving school lunch through the CUSD lunch program regularly?

YES NO

I, _____ (printed name), agree to the terms of the above contract.

Parent/Guardian Signature

Today's Date

Effective Date

Parent/Guardian Signature

Today's Date

Effective Date