



The Extended Care Program is offering a half day (12 to 3:30) and a half day plus afternoon care (12 to 5:30) for **our last day of school Tuesday June 8th**. In order to be able to run this service, we will need a minimum of 8 children per block. If you are interested, please fill out and attach the payment with this form. Please note that the **payment for this service is non-refundable and it is due at the time of registration**. In case the program does not run, due to number of children signed up for it, you will receive your payment back. If you are paying by check, please note that it will not be deposited until June 14th.

The registration form with payment, is due by Wednesday June 2nd.

*I will be contacting you through **email by Wednesday June 2nd in the evening** IF we are unable to run the camp.*

Option # 1 Extended Care camp from: 12:00 – 3:30pm \$20

Option # 2 Extended Care camp from: 12:00 – 5:30pm \$30

There is a \$5 discount for siblings.

Please don't hesitate to contact me if you have any questions at pmitchell@tcskeene.com. Happy Summer!!!

Blessings,

Pilar Mitchell

Extended Care Director

I _____ would like to sign up my child _____

and his/her sibling _____ for the Extended Care last day of school camp.

Option # 1 12:00pm – 3:30pm

Option #2 12:00pm – 5:30pm

I am attaching \$20 \$30
 Families with siblings \$35 \$55 Other \$ _____

Parent's email _____ Parent's phone number _____

People that are allowed to pick up my children other than me:

Parent's name _____ Parent's signature _____ Date: _____