

Payment Date: _____

Fall 2014 Extended Day Childcare

September 29, 2014 - December 19, 2014

Child's Name		Room
Parent Name <u>.</u>		Contact Number
	Child care is available fron	n 2-3:30 p.m. or from 2-6 p.m. Monday-Friday
	Open to all ECC Families	
	☐ MONDAYS (11 days)	□ 2-3:30 p.m. (\$165.00) □ 3:30-6 p.m. (\$165.00) □ 2-6 p.m. (\$330.00) = \$
	□ TUESDAYS (12 days)	□ 2-3:30 p.m. (\$180.00) □ 3:30-6 p.m. (\$180.00) □ 2-6 p.m. (\$360.00) = \$
	☐ WEDNESDAYS (11 days)	□ 2-3:30 p.m. (\$165.00) □ 3:30-6 p.m. (\$165.00) □ 2-6 p.m. (\$330.00) = \$
	☐ THURSDAYS (8 days)	□ 2-3:30 p.m. (\$120.00) □ 3:30-6 p.m. (\$120.00) □ 2-6 p.m. (\$240.00) = \$
	☐ FRIDAYS (7 days)	□ 2-3:30 p.m. (\$105.00) □ 3:30-6 p.m. (\$105.00) □ 2-6 p.m. (\$210.00) = \$
		TOTAL = \$
Regis	•	this form and return to the Wise Office 2014; late registrations will be placed on a waiting list
Please indicate y	your form of payment:	
☐ Option	1: A check for \$ is enclose	ed. Make checks payable to Wise School
☐ Option	2: Pay by Credit Card. (You must b	ring the credit card to the Wise School Office)
		For Office Use Only

Auth Code/Check #: _____

Amount: _____