

STAY & PLAY RESPONSE FORM 2019-2020

CHILDS NAME: _____ **PRE-PRIMARY**

(One form per child)

Please enroll my child in the Stay & Play Program at the times checked below:

Mon	Tue	Wed	Thu	Fri	# Days	X	Rate	=	Total per Trimester
					_____	X	\$230.00	=	\$ _____

Total Charges Per Trimester \$ _____ *

PLEASE DO NOT SEND IN PAYMENT. YOUR CHARGES WILL BE BILLED TO YOUR FACTS ACCOUNT

I understand the policies pertaining to the Stay & Play Program and agree to abide by them.

Parent Name (please print) Parent Signature Date

The following people are authorized to pick up the above named child from Stay & Play:

Primary (please print) Alternate #1 Alternate #2

BUSINESS OFFICE USE ONLY

FIRST TRIMESTER

WEEK OF	MON	TUE	WED	THU	FRI
Aug. 19					
Aug. 26					
Sept. 02					
Sept. 09					
Sept. 16					
Sept. 23					
Sept. 30					
Oct. 07					
Oct. 14					
Oct. 21					
Oct. 28					

SECOND TRIMESTER

WEEK OF	MON	TUE	WED	THU	FRI
Nov. 04					
Nov. 11					
Nov. 18					
Dec. 02					
Dec. 09					
Dec. 16					
Jan. 06					
Jan. 13					
Jan. 20					
Jan. 27					
Feb. 03					
Feb. 10					
Feb. 17					
Feb. 24					

THIRD TRIMESTER

WEEK OF	MON	TUE	WED	THU	FRI
Mar. 02					
Mar. 09					
Mar. 23					
Mar. 30					
Apr. 06					
Apr. 13					
Apr. 20					
Apr. 27					
May 04					
May 11					
May 18					
May 25					

