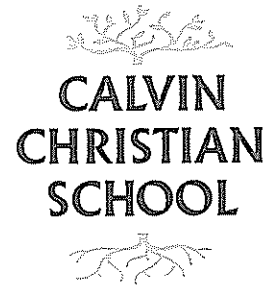


4015 Ingleswood Ave. S
Edina, MN 55416
952.285.6791
calvinechristian.org



Dear CCS Family,

Enclosed is the registration form for the Extended Day Program. This program ^{*Diply Rooted. Bearing Fruit*} will provide supervised care before and after school Monday through Friday for current students of CCS. If this service will be useful to you, take a moment to fill out the form and send it to school. Please note the following details.

- Any family wishing to use the extended day program must complete the registration form and include the \$15.00 fee before using the service. Payment for use is \$6.00 a time per student and is billed to you at the end of each month. (A late fee of \$5.00 per 15 minutes will be charged if students are not picked up before 5:30 p.m.)

Before school:	\$6.00
After school:	\$6.00

- The extended day program will be available for you to use on a regular schedule each week or on a “drop in” schedule as needed.
- The program is open only to current students at CCS. Preschoolers cannot be enrolled in the program.
- The program will be in session only on school days. It will not operate on in-service days or any other day in which school is not in session. It will also not operate on special half-days such as the final day of school. The a.m. hours are 7:00 – 8:40. The p.m. hours are 3:30 – 5:30.

We hope that this will be of service to you and the children in your family. If you have any questions, please call the Edina office at 952-927-5304.

Sincerely,

Steve Groen
Superintendent

For Office Use Only

Reg. Fee	Check No	Y. I P

**Calvin Christian School
Extended School Day Program
Registration Form**

Last Name

Name and Grade of Children

Child	Gr.	Child	Gr.	Child	Gr.

Contact Information

Parent/Guardian	Home	Work	Cell/Pager	Email (home and/or work)

Additional Authorized Drop off and/or Pick up List

Name	Relation	Name	Relation

Emergency Information

Name	Primary Number	Secondary Number
<u>Emergency Back up:</u>		
<u>Doctor and Office:</u>		
<u>Dentist and Office:</u>		
<u>Special Needs/Concerns:</u>		

Days and Times Expected to Attend

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	a.m.	a.m.	a.m.	a.m.	a.m.
Afternoon	p.m.	p.m.	p.m.	p.m.	p.m.

Fees: Annual Registration Fee - \$15.00, Mornings - \$6.00 per child, Afternoons - \$6.00 per child
Late Fee: \$5.00 additions charge for every 15 minutes after 5:30 p.m.

Signature: _____ Date: _____
 (Please turn this signed and dated form into the office along with your annual registration fee)