

After School Care Application

For planning purposes, we are requesting that all families indicate their intentions to utilize after-school for for the coming academic year.

Please fill out the form below and hand in to the school office before or on the first day of school

Student Name: _____ **Grade:** _____

Parent Name: _____ **Phone:** _____

Email: _____

**We are requesting that our child receive after-school Supervision on the following Days/
Times:**

Days (Check all that apply):

	Monday-Friday
	Monday
	Tuesday
	Wednesday
	Thursday
	Friday

Times (please :

_____ **2:15-3:15**

_____ **3:15-3:45**

_____ **3:45-4:15**

_____ **4:15-4:45**

_____ **4:45-5:30**