

NHKS Morning & After School Care Reservation Form

NAME: _____

GRADE: _____ TEACHER: _____

A the beginning of each month your child(ren) will be scheduled for these days and your account will be charged unless the office is notified in writing in advance.



PARENT SIGNATURE

<p><u>Early Bird Care 6:00 - 7:30 am</u></p> <p><input type="checkbox"/> Start EBC</p> <p><input type="checkbox"/> End EBC</p> <p>Effective Date: _____</p>	<p><u>Before School Care 7:00 - 7:30 am</u></p> <p><input type="checkbox"/> Start BSC</p> <p><input type="checkbox"/> End BSC</p> <p>Effective Date: _____</p>	<p><u>Full Time After School Care</u></p> <p><input type="checkbox"/> Start ASC Pick up by 5:30</p> <p><input type="checkbox"/> End ASC</p> <p>Effective Date: _____</p>		
<p>Standing Reservations : Circle up to three (3) days only</p>				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Start care on: _____			Effective Date: _____	
End care on: _____				

After 5:00 pm all students will be in room 366-1