

Child's Name:

Parent's Signature:

PLEASE CIRCLE ONE:

AM CARE ONLY PM CARE ONLY AM & PM CARE

I AGREE TO PAY FOR THE DAYS I HAVE REGISTERED FOR
IN ADVANCE OF THE TIME ATTENDING. I WILL PAY:
WEEKLY ____MONTHLY

March 2026

THINGS TO REMEMBER:

- · DATES SHADED IN GRAY-KIDSPLAY IS CLOSED.
- YOU ARE REQUIRED TO PAY FOR THE DAYS THAT YOU REGISTERED FOR, EVEN IF YOUR CHILD DOES NOT ATTEND THAT DAY. (I.E. YOUR CHILD IS SICK)
- · YOU ARE FINANCIALLY COMMITTED TO THE DAYS/ TIMES MARKED ON YOUR CALENDAR ONCE CALENDARS HAVE BEEN PROCESSED.
- REGISTRATION CALENDARS FOR THE NEXT MONTH ARE DUE TO THE ELIOT REC. DEPT. ADMINISTRATIVE ASSISTANT BY THE 20TH OF THE CURRENT MONTH.

2025/2026 SCHOOL YEAR DAILY RATES:

\$12 PER DAY-BEFORE SCHOOL ONLY (M-F)

\$27 PER DAY-AFTER SCHOOL ONLY (M.T.W.F)

\$34 PER DAY-BEFORE & AFTER SCHOOL (M,T,W,F)

\$37 PER DAY- AFTER SCHOOL ONLY (THURSDAY ONLY)

\$44 PER DAY BEFORE & AFTER SCHOOL (THURSDAY ONLY)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				