

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

October 2025

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) \$15 PER DAY-AFTER SCHOOL ONLY (M,T,W,F) \$22 PER DAY-BEFORE & AFTER SCHOOL (M,T,W,F)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
				No PM Care		
5	6	7	8	9	10	11
				No PM Care		
12	13	14	15	16	17	18
				No PM Care		
19	20	21	22	23	24	25
				No PM Care		
26	27	28	29	30	31	
				No PM Care		