

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

September 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	1	2	3	No PM Care	5	6
7	8	1	10	No PM Care	12	13
14	15	16	17	No PM Care	19	20
21	22	23	24	No PM Care	26	27
28	29	30				