

EXTENDED DAY REGISTRATION FORM

Today's Date: _____ Start Date: 1st Day of School
Please print clearly Other Date: _____

NAME: _____ GRADE (as of Sept): _____

SCHOOL: _____ BUS # _____

Child Attends: ___AM ___PM Kindergarten ___AM ___PM Pre-K

Mother's Name: _____

Father's Name: _____

Street Address: _____ PO BOX: _____

Town: _____ Zip: _____

Home Phone No. _____

Work (Mother) _____ Work (Father) _____

Cell (Mother) _____ Cell (Father) _____

E-Mail (optional) _____

Please circle: GROTON or DUNSTABLE Program

AM only (7:00-9:00 am) M T W TH F

MID-DAY (9:00-12:00 pm) M T W TH F

MID-DAY (12:00-3:00 pm) M T W TH F
 _____ child will take bus home _____ child will be picked up at 3:00

PM only (until 5:00 pm) M T W TH F

PM only (until 6:00 pm) M T W TH F

AM & PM (7-9 am & until 5:00 pm) M T W TH F

AM & PM (7-9 am & until 6:00 pm) M T W TH F

YOUTH CLUB (Grades 5-8; dismissal - 6:00 pm) M T W TH F

FULL DAY (7:00 am - 5:00 pm) M T W TH F

FULL DAY (7:00 am - 6:00 pm) M T W TH F