

## Extended Care Program 2011-2012 School Year

Child's Name \_\_\_\_\_

Please enroll my child in the 2011-2012 school age program.

My child will be in \_\_\_\_ grade when school begins and will attend the school marked below:

\_\_\_\_\_ **Alturia Elementary**, 6641 Deermont Rd. Bartlett TN 38134, (901) 373-2600

\_\_\_\_\_ **Bartlett Elementary**, 3932 Billy Maher Rd. Bartlett TN 38135, (901) 373-2610

\_\_\_\_\_ **Ellendale Elementary**, 6950 Dawnhill Rd. Bartlett TN 38135, (901) 373-2636

\_\_\_\_\_ **Elmore Park Middle**, 6330 Althorne Rd. Bartlett TN 38134, (901) 373-2642

\_\_\_\_\_ **Kate Bond Elementary**, 2727 Kate Bond Rd. Bartlett TN 38133, (901) 416-0020

\_\_\_\_\_ **Oak Elementary**, 3573 Oak Rd. Bartlett TN 38135, (901) 373-2646

\_\_\_\_\_ **Rivercrest Elementary**, 4825 Rivercrest Ln. Bartlett TN 38135, (901) 373-1373

\_\_\_\_\_ **Shelby Oaks Elementary**, 6053 Summer Ave. Bartlett TN 38134, (901) 416-4305

My child will need:

\_\_\_\_\_ Am and pm care (Weekly Fee \$76.00)

\_\_\_\_\_ Am care only (Weekly Fee \$71.00)

\_\_\_\_\_ Pm care only (Weekly Fee \$71.00)

My child will begin on \_\_\_\_\_.

A deposit is required to reserve my child a place in the school age program. The deposit is equal to one week's tuition and will apply to the first week my child is scheduled to attend. I have attached to required deposit to this form. Transportation is NOT provided to kindergarten children during the phase-in period.

My child's immunizations are current and his/her health record is on file at the selected school.

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_