

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:

_____ **Chimneyrock**, 8601 Chimneyrock Blvd. Cordova TN 38016, (901) 756-2316

_____ **Cordova Elementary**, 750 Sanga Rd. Cordova TN 38018, (901) 416-1700

_____ **Cordova Middle**, 900 Sanga Rd. Cordova TN 38018, (901) 416-2189

_____ **Dexter Elementary**, 7105 Dexter Rd. Cordova TN 38016, (901) 373-3526

_____ **Dexter Middle**, 6998 E. Raleigh LaGrange Rd. Cordova TN 38018, (901) 373-3134

_____ **Macon Hall Elementary**, 9800 Macon Rd. Cordova TN 38018, (901) 759-4530

_____ **Riverwood Elementary**, 1330 Stern Ln. Memphis TN 38016, (901) 416-1750

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 _____