St. Albans Country Day School

2026-2027 EXTENDED DAY CARE

ENROLLMENT FORM

for

Students Who Use Day Care On A Regular Basis

My child, _____, Grade _____,
(please print)

(and) _____, _____,

_____, _____,

_____, _____,

will be enrolled in St. Albans Extended Day Care Program during the 2026-2027 school year.

Rate:	Hourly Basis	$9.00 per hour
	Additional Child	$8.50 per hour

My child will participate in the program as indicated below.

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My family will use the Extended Day Care Program according to the following schedule:

Monday Hours:_____

Tuesday Hours:_____

Wednesday Hours:_____

Thursday Hours:_____

Friday Hours:_____

Please indicate the ratings of movies that are acceptable for your child to view:

G (12:15-3:00 p.m.) _____ PG (3:00-6:00 p.m.)_____

Early dismissal days **G (12:15-1:30 p.m. PG (1:30-6:00 p.m.)**

Additional information regarding your schedule:

_____

_____

Signature of Parent_____