



Extended Session Form

11:30-1:00 optional for after school

Or till 1:30 on delay days

Child's Name: _____

Emergency Phone Contact: _____

Allergies: _____

Has the student ever been stung by a bee? _____

Is the child sensitive to sunburn? _____

If yes, please include a small sunscreen in the backpack. _____

Payment Options:

_____ I plan to pay: \$250 for first semester and again \$250 for second semester.

_____ I plan to pay ten monthly payments: \$50 during the school year.

_____ I am paying \$8.00 daily signing up weekly or monthly.

Food Safety: Lunch must be brought in clean, insulated, sanitizable containers, which keeps cold food at 41 degrees or below if perishable. Containers must be clearly labeled with the child's name. I take full responsibility for the safety of my child's food during preparation, storage and transportation to school.

Parent's Signature: _____

- If you want to guarantee a spot please return as soon as you can.
- PO Box 590, New Palestine, IN 46163