

Peninsula Children's Learning Center at Neighborhood House School-Age Schedule Preference Form 2017-2018

Child(ren's) Name (s) _____ **Boise** MLK Jr Sabin Faubion

My child (ages 5-12 years) will be attending each month:

Circle one

Please check the box indicating your preferences.

Full Time AM/PM 4-5 days a week (including all full days and late starts)

OR PART TIME

4-5 days a week PM only

3 days a week AM only

4-5 days a week AM only

2 days a week AM/ PM

3 days a week AM/PM

2 days a week PM only

3 days a week PM only

2 days a week AM only

If you believe you are eligible for a reduced rate, please complete the income verification form. Turn this and the required documents in to your site director.

PLEASE SELECT DAYS BELOW

Mornings (6:30am-start of school day)	Afternoons (end of school day-6:00pm)
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday

Start Date for this schedule _____

- I am enrolling a student who is new to Peninsula. I understand I need to pay a \$50 registration fee in order for my child to start.
- I am enrolling a new student and a returning student to Peninsula. I understand I need to pay a \$25 registration fee.
- I am enrolling a returning student to Peninsula. I do not need to pay a registration fee.

Signature of Parent/Guardian: _____ Date: _____

Date Received _____ Received By Staff Member _____

Schedule Approved Schedule not available _____

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Child(ren)'s Name(s) _____

In addition to my regular schedule, I would like to add the following:

(Please circle the appropriate dates to indicate your schedule additions.)

Kinder Camp: All three days Aug 30 Aug 31 Sept 1

Winter Camp: Both Weeks Week 1 Week 2 Selected dates _____

Spring break Camp: All Week Selected dates _____

Selected Full Days _____

Selected Late Start Days _____

Itemized Cost for Add- on days: _____

Total Additional Cost for Add- on days: _____

I _____ understand that I must pre-pay for any add on days before my child may attend. I also understand that space is limited and is offered on a first come, first served basis. I must request registration at least 2 weeks before the scheduled attendance date. If I want to make any changes to my regular or add on schedule I must give 30 days notice to avoid paying for days that I am not using.

Payer Signature _____ Date _____

OFFICE USE ONLY - - - - -

Dates Added: _____

Total Cost: _____

Payment Received date: _____ Received By: _____

Added to SA Schedule date: _____ Added By: _____

Additional Notes: