

HALF DAY? You're covered!

Latchkey Care @ each building

This is a pre-pay registration. Please include your payment!

REMINDER: THERE WILL BE NO AFTERNOON CARE ON JUNE 10TH

Please print:

Childs Name(s) _____

Parent/Guardian Name _____

My child attends **HERITAGE** and I need care on **Monday, June 9th:**

Before May 28th

After May 28th (if space is available)

\$25.00 _____

\$30.00 _____

My child attends (please circle) **WOODLAND MEADOWS** **HARVEST** **PLEASANT RIDGE**
and I need care on **Monday, June 9th:**

Before May 28th:

After May 28th (if space is available)

\$23.00 _____

\$28.00 _____

My child attends **HOUGHTON** and I need care on **Monday, June 9th:**

Scheduled Half Day	Child Attends PM Kindergarten but will be starting at 9am (need PM care)	Child has NO-SCHOOL (usually attends AM Kindergarten)	Child Attends Extended Day
Monday, June 9th	Half Day (12-6) @ \$23 _____	Full Day (6:45am-6:00pm) @ \$40 _____	Half Day (12-6) @ \$23 _____
<i>Registration Deadline: May 28th</i>	(Registration after May 28th if space is available @ \$28 _____)	(Registration after May 28th if space is available @ \$45 _____)	(Registration after May 28th if space is available @ \$28 _____)

I understand that I will be charged, whether or not my child attends for the days contracted above.

Parent/Guardian Signature

Date

Method of Payment: Please make checks payable to Saline Area Schools. If you would like to pay with a Visa or MasterCard please call Lori Mozucha, Program Assistant at 429-8000 ext. 2085.

Check _____ **Cash** _____ **Credit Card** _____