

# Extended Play Request Form

Name of Student: \_\_\_\_\_

Class: \_\_\_\_\_

Please circle the days you would like your child to attend for the month of:

Month \_\_\_\_\_

Fill in the day:

1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
28	29	30	31	
\$7.00 per day x	_____ # of days circled above =			\$ _____ Total Amount Due
<b>Date(s) absent:</b>				<b>Make up date(s):</b>

Please make your check payable to WCP&K.

CONFIRMATION OF ENROLLMENT: \_\_\_\_\_ Check # \_\_\_\_\_