<u>V</u>	VD Hartle	ey Extended Day 2019-2020 Registration Form	<u>y Program</u>
<ul> <li>Before Care</li> <li>After Care</li> <li>Before and After</li> <li>Daily         <ul> <li>(M / T / W <u>Circle</u></li> </ul> </li> </ul>	\$260 \$320 \$30	/mo. /mo. /mo.	<u>Annual Non-refundable</u> <u>Registration Fee</u> \$50 before May 31, 2019 \$75 after May 31, 2019
			n) s by Sept 1. Contact Julie Ritter 547-8931)
Child's name	Last		First
Male Fem	ale 📃	Birthday	Grade 2019-2020
Sibling's name:	Last		First
Male Fem	ale 📃	Birthday	Grade 2019-2020
	RESPONS	IBLE PARTY FOR P	AYMENT:
Name:		Email:	
		Last	First
Father's/Guardian's name: Phone# Last		Last	First
Primary Resident Ad	dress:		
I have received a cop WD Hartley Element	•		d payment schedule for am 2019-2020.
Signature		<u>Form and I</u>	Registration Fee must be paid to be Registered