

ECFE Program Participant and Sibling Childcare

Location: Zimmerman Elementary

Child Name _____

Date of Birth _____ Current Grade if in School _____ Gender _____

Special Needs if Any _____

Parent's Name _____ Daytime Phone Number _____

Email _____

Address _____ City _____ Zip _____

Attach your cash/check payable to Community Education or insert credit card information here:

Visa/Mastercard/Discover _____ - _____ - _____ Exp Date _____

Card Holder Signature _____

Program Participant Care is **pre-pay only**; you must pay when scheduling care. The registration **deadline is 5pm the Monday** prior to the week care is needed.

Program Participant Care, will be offered in blocks of time. These times will closely match all ECFE and Preschool class times. Sign up for the time block that covers your class time even if there is additional time included before/after your class time.

Fees are based on block times:

Blocks of time that are 2 hours or less = \$3 per block Block of time more than 2 hours = \$5 per block

Select Care from options below that your child needs:

**** Early deadline due to holiday for schedule and payment**

Week (Mon-Fri)	Schedule/Pymt Due Date	8:45-11:15	9-10:30	10:30-12:15	12:45-3:15	6-8pm
		\$5/Day	\$3/Day	\$3/Day	\$5/Day	\$3/Day
Apr 1-5	Schedule due Mon, Mar 25	Closed	Closed	Closed	Closed	Closed
Apr 8-12	Schedule due Mon, Apr 1	Closed	Closed	Closed	Closed	T
Apr 15-19	Schedule due Mon, Apr 8	Closed	M	M	Closed	T
Apr 22-26	Schedule due Mon, Apr 15	Closed	M	M	Closed	T
Apr 29-May 3	Schedule due Mon, Apr 22	Closed	M	M	Closed	T
May 6-10	Schedule due Mon, Apr 29	Closed	M	M	Closed	T
May 13-17	Schedule due Mon, May 6	Closed	M	M	Closed	T
May 20-24	Schedule due Mon, May 13	F	M	M	F	T
May 27-31	Schedule due Mon, May 20	W	Closed	Closed	W	T
June 3-7	Schedule due Mon, May 27	Closed	Closed	Closed	T W	T

Notes/Comments: _____

✧ Fax 763-241-3521 ✧ Telephone 763-241-3544 ✧ Email: edventureclub@isd728.org
Mail, drop-off, fax or email your completed calendar and payment to the EdVenture Club office at the Handke Center.

Office Use Only	
Check/MO#	_____
Cash <input type="checkbox"/>	Credit <input type="checkbox"/>
Late Fee Week #	_____
Date Posted	_____
Amount	_____
V 11-20-18	