



CRCAP Summer '10-“Extended Day Program” REGISTRATION

- Student’s Name: _____
- Session attending CRCAP: _____
- Age: _____
- Parent 1 Name: _____
 Home tel: _____ /Work tel: _____
 Cell: _____ (please circle preferred number)
- Parent 2 Name: _____
 Home tel: _____ /Work tel: _____
 Cell: _____ (please circle preferred number)

The following person/people has/have permission to pick up my child/children:

DAYS/ DATES & HOURS ATTENDING: (circle time)

Week of:	MON	TUES	WEDNS	THURS	FRI
June 28		4 -5 / 4-6	4-5 / 4-6	4-5 / 4-6	4-5 / 4-6
July 5	HOLIDAY	4 -5 / 4-6	4-5 / 4-6	4-5 / 4-6	4-5 / 4-6
July 12	4-5 /4-6	4 -5 / 4-6	4-5 / 4-6	4-5 / 4-6	4-5 / 4-6
July 19	4-5 /4-6	4 -5 / 4-6	4-5 / 4-6	12:30 -4 12:30-6	Festival Day
July 26			4-5 / 4-6	4-5 / 4-6	4-5 / 4-6
August 2	4-5 /4-6	4 -5 / 4-6	4-5 / 4-6	4-5 / 4-6	4-5 / 4-6
August 9	4-5 /4-6	4 -5 / 4-6	4-5 / 4-6	4-5 / 4-6	4-5 / 4-6
August 16	4-5 /4-6	4 -5 / 4-6	4-5 / 4-6	12:30 -4 12:30-6	Festival Day

PAYMENT ATTACHED. Fee is \$12 per hour. Checks are made out to “CRACP”. Paid fees are non-refundable. TOTAL PAID: \$ _____

Allergies:

Parent Signature: _____ **date:** _____

MAIL with check to: CRCAP/Box 339/Dover, MA 02030.