

## Eagan YMCA Preschool Extended Care Program 2019/2020

Child's Name:	ild's Name: Birth Date:						
Parent/Guardian : Phone #:				_			
_	he next month is required fter that date you may sigi	•			•		
weeks prior to th	llations to months you have 1st of the month being cays you contracted for. If you	hanged or cance	elled. After th	at date you are	responsible fo	or	
scheduled care, o	rates apply if you sign up i r signed up for unschedule y (see handbook for details	d care in the mo		•	_		
Month(s) registe	ring for:						
_SeptemberOc	tober <b>⊡</b> November <b>⊡</b>	December 🔲 a	nuary 📭	ebruary <b>E</b> Ma	rch <b>L</b> April	ШМау	
<b>AM</b> 8:30	am-9:30am						
			CHECK WHICH DAY(S)				
Select Days	Monthly Fee	Monday	Tuesday	Wednesday	Thursday	Friday	
2 days/week	\$50.00			,	•		
3 days/week	\$72.00						
5 days/week	\$117.00						
Unscheduled	\$16.00						
Month(s) register  □September □Oc  PM 2:30	=	December 🗖		ebruary Ma	·	<b>∟</b> Мау	
Select Days	Monthly Fee	Monday	Tuesday	Wednesday	Thursday	Friday	
2 days/week	\$50.00						
3 days/week	\$72.00						
5 days/week	\$117.00						
Unscheduled	\$16.00						
scheduled days can	tion not be refunded or used	for different c	Exp. Da	te: * to pay above	l understand amount acco	that unus	
issuer agreement.							