

# Extra LYNC

## REGISTRATION FORM

Please complete one form per FAMILY if you will be participating in our extended hours program.

**LYNC 2008 is June 16-August 8.** Extra! Extra LYNC will also be available June 9-13 and, August 11-27. Regular Extra LYNC fees apply during non-LYNC weeks.

Please list all children (first and last names) from this household who will be participating in Extra LYNC this summer.

\_\_\_\_\_

Parents' names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please list emergency contact information for yourself and at least one other person:

During Regular LYNC, My child(ren) will be attending Extra LYNC: (Please see the Extra LYNC Information Sheet)

\_\_\_\_\_ FULL TIME - PLAN A \_\_\_\_\_ HALF TIME - PLAN B (AM \_\_\_\_\_ or PM \_\_\_\_\_)

\_\_\_\_\_ DROP IN - PLAN C - Please indicate which dates your child will attend Extra LYNC, if known at this time. Otherwise, please make a reservation for drop in attendance at least one day in advance for each day your child will attend Extra LYNC. \_\_\_\_\_

During Extra! Extra! LYNC, My child(ren) will be attending Extra LYNC:

\_\_\_\_\_ FULL TIME - PLAN A \_\_\_\_\_ HALF TIME - PLAN B (AM \_\_\_\_\_ or PM \_\_\_\_\_)

\_\_\_\_\_ DROP IN - PLAN C - Please indicate which dates your child will attend Extra! Extra! LYNC. \_\_\_\_\_

If attending AM, what time will your children arrive? \_\_\_\_\_

If attending PM, what time will your children be picked up? \_\_\_\_\_

For both full time and half time, please list the weeks for which you want to register your children to attend Extra LYNC:

_____ Extra! Extra LYNC June 9-13	_____ July 7-11	_____ August 4-8
_____ June 16-20	_____ July 14-18	_____ Extra! Extra! LYNC Aug. 11-15
_____ June 23-27	_____ July 21-25	_____ Extra! Extra! LYNC Aug. 18-22
_____ June 30-July 3*	_____ July 28-Aug. 1	_____ Extra! Extra! LYNC Aug. 25-27*

\* Indicates charges adjusted for days LYNC is not in session

You must register your child for one of the plans listed on the Extra LYNC Information Sheet. **You may not switch back and forth during the summer** (with the exception of choosing a different plan during Extra! Extra! LYNC weeks). This requirement is necessary in order to adequately plan staffing needs. Adjustments may be made to your registered weeks until May 16<sup>th</sup>. After that time, you are expected to pay for all weeks for which you have registered your child. To make changes, please email: [mother\\_theresa27@hotmail.com](mailto:mother_theresa27@hotmail.com).

I have received the Extra LYNC Policies and Procedures packet and agree to the terms listed therein. I understand that I am responsible for paying weekly in advance for all weeks for which I have registered my children. I understand that weekly payments are expected each Wednesday for the upcoming week.

I have read and signed the Liability/Medical Release for my children to attend LYNC and agree to those terms for Extra LYNC as well.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_