

Extra LYNC

REGISTRATION FORM

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

LYNC 2012 is June 4 - August 3. Extra! Extra LYNC will also be available August 6th-10th. Normal Extra LYNC fees also apply during the Extra! Extra! LYNC week.

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:

_____ June 4 - 8

_____ July 2 - 6

_____ July 30 - August 3

_____ June 11 - 15

_____ July 9 - 13

_____ Extra Extra LYNC August 6 - 10

_____ June 18 - June 22

_____ July 16 - 20

_____ June 25 - June 29

_____ July 23 - 27

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 week). This requirement is necessary in order to adequately plan staffing needs. **made Adjustments may be to your registered weeks until May 1st.** After that time, you are expected to pay for all weeks for which you have registered your child. To make changes, please email: jbclync@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 _____