

PAID BY: Check #: \_\_\_\_\_  
Cash: \_\_\_\_\_

**Enrichment Extended Stay Information Form**  
**2023-24**

**Fee:      \$15.00 per day**

**PLEASE NOTE:**  
For accounting purposes, the Fee (\$15) and Lunch/Snack must be paid separately when paying by check. Children may bring their lunch from home. Milk and juice are available for purchase.

**Child's Name: \_\_\_\_\_**

**Date of Extended Stay: \_\_\_\_\_**

**Contact Number: \_\_\_\_\_**

**Dismissal Information:**

**Bus Number: \_\_\_\_\_ (Kindergarten only)**

**Parent Pickup: \_\_\_\_\_**

**If your child is being picked up by someone other than yourself, please list:**

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**Original filed in black binder**  
**Cc: Mrs. Lorrie Rawe**