



Rev. Dr. Floyd H. Flake, Founder
Linda C. Morant, Director

Rev. Dr. Elaine M. Flake, Founder
Rev. Stephen A. Green, Pastor

Extended Day Program
2025-2026

Grade: _____

Student: _____ **Male/Female**
(Last) (First) (M.I.) (circle one)

Address: _____
_____ Apt. #
_____ (City) _____ (State) _____ (Zip)

Home # _____ **Cell#** _____
() Mother () Father (Guardian)

Kindergarten - 3:00 P.M. to 6:00 P.M. - No charge
3K and PKA-4 - 2:20 P.M. to 6:00 P.M. - See Contracted Payment Schedule
Grade 1 - 3:00 P.M. to 6:00 P.M. - See Contracted Payment Schedule

Late Fee - \$1.00 Per Minute Charged after 6:00 P.M.

Late fees are given directly to the afterschool teacher.

Daily Extended Day Fees: Payments can be made in the **School Business Office**.

3K and PKA-4 - After 2:20 P.M. \$20.00 per day

1st Grade - After 3:00 P.M. \$20.00 per day

_____ **Yes**, enroll _____ **No** do not enroll my child in the **Extended Day Program**.

Person(s) Permitted to Pick up Student: (Please print)

| | | |
|------|--------------|-----------------------------------|
| / | / | |
| Name | Relationship | Phone # to be contacted 2-6:00 PM |
| / | / | |
| Name | Relationship | Phone # to be contacted 2-6:00 PM |
| / | / | |
| Name | Relationship | Phone # to be contacted 2-6:00 PM |

Parent Signature: _____ **Date:** _____

Parent's Name (PRINT) _____