



## 2025-2026 Non-School Day Registration Form

~ All care provided at the Good Shepherd Building, 3288 East Henrietta Rd. ~

### Student information:

Date: \_\_\_\_\_

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ Phone (Secondary): \_\_\_\_\_

Currently registered for any C<sup>2</sup>Z program? ☐ Yes – Continue below ☐ No – Stop and submit an Enrollment Packet.

Registration Deadline listed below. Non-School Day Refunds issued only when request is made one week in advance.

### Non-school day(s) needed:

Day(s) Needed	Date	Registration Deadline	Fee \$60/Day	\$10/day Late Fee^	Day Total
	Friday, 10/10/2025 <i>Conference Day</i>	9/26/2025	\$60*	\$	\$
	November 2025 <i>Thanksgiving Week</i> (circle date(s) needed) Total days: ____ x\$60 Mon 11/24 Tues 11/25 Wed 11/26	11/10/2025	\$	\$	\$
	December 2025/January 2026 <i>Holiday Recess</i> (circle date(s) needed) Total days: ____ x\$60 Mon 12/22 Tue 12/23 Mon 12/29 Tue 12/30 Fri 1/2	12/8/2025	\$	\$	\$
	Friday, 1/30/2026 <i>Grading Day</i>	1/16/2026	\$60*	\$	\$
	February 2026 <i>Winter Recess</i> (circle day(s) needed) Total days: ____ x\$60 Mon 2/16 Tues 2/17 Wed 2/18 Thur 2/19 Fri 2/20	2/2/2026	\$	\$	\$
	March 2026/April 2026 <i>Spring Recess</i> (circle day(s) needed) Total days: ____ x\$60 Mon 3/30 Tue 3/31 Wed 4/1 Thurs 4/2 Fri 4/3	3/16/2026	\$	\$	\$
	Friday, 5/22/2026 <i>Memorial Day Recess</i>	5/8/2026	\$60*	\$	\$

\*Less fee paid for wrap-around enrollment that day.

^Per Day Late fee charged if registration is submitted after that day's registration deadline.

**TOTAL: \$**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Method of Payment: ☐ Visa ☐ MasterCard ☐ Check (# \_\_\_\_\_) ☐ Cash (rcpt # \_\_\_\_\_)

If you are paying with Visa or MasterCard and did not already sign a Credit Card Authorization form, complete the following:

Credit Card #:

Expiration Date (MM/YY):     CVC# (from back of card):

Print Card Holder Name: \_\_\_\_\_

Billing Address on Account: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_