



## 2019-2020 Non-School Day Registration Form

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

**Student information:**

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

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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 \$40/Day	\$10/day Late Fee <sup>^</sup>	Day Total
	10/11/2019 <i>Non-School Day</i>	9/27/2019	\$40*	\$	\$
	10/14/2019 <i>Non-School Day</i>	9/30/2019	\$40*	\$	\$
	11/11/2019 <i>Veterans Day</i>	10/28/2019	\$40*	\$	\$
	11/25/2019 <i>R-H Conference Day</i>	11/11/2019	\$40	\$	\$
	11/26/2019 <i>R-H Conference Day</i>	11/12/2019	\$40	\$	\$
	11/27/2019 <i>Thanksgiving Holiday</i>	11/13/2019	\$40	\$	\$
	December 2019 <i>Holiday Recess</i> (circle date(s) needed) 23 26 27 30 1/2 1/3 Total days: ____ x\$40	12/9/2019	\$	\$	\$
	1/20/2020 <i>Martin Luther King, Jr. Day</i>	1/6/2020	\$40*	\$	\$
	1/24/2020 <i>R-H Grading Day</i>	1/10/2020	\$40*	\$	\$
	February 2020 <i>Winter Recess</i> (circle day(s) needed) 17 18 19 20 21 Total days: ____ x\$40	2/3/2020	\$	\$	\$
	April 2020 <i>Spring Recess</i> (circle day(s) needed) 6 7 8 9 10 Total days: ____ x\$40	3/23/2020	\$	\$	\$
	5/22/2020 <i>Non-School Day</i>	5/8/2020	\$40*	\$	\$

*\*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:** \_\_\_\_\_