



## 2024-2025 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 \$56/Day	\$10/day Late Fee <sup>^</sup>	Day Total
	10/14/2024 <i>Columbus Day</i>	9/30/2024	\$56*	\$	\$
	11/11/2024 <i>Veterans Day</i>	10/28/2024	\$56*	\$	\$
	November 2024 <i>Thanksgiving Week</i> (circle date(s) needed) 25 26 27 Total days: ____ x\$56	11/12/2024	\$	\$	\$
	December 2024/Jan 2025 <i>Holiday Recess</i> (circle date(s) needed) Total days: ____ x\$56  Mon 12/23 Thurs 12/26 Fri 12/27 Mon 12/30 Thurs 1/2 Fri 1/3	12/9/2024	\$	\$	\$
	1/20/2025 <i>Martin Luther King, Jr. Day</i>	1/6/2025	\$56*	\$	\$
	1/24/2025 <i>Grading Day</i>	1/10/2025	\$56*	\$	\$
	1/29/2025 <i>Superintendents Conference Day</i>	1/15/2025	\$56*	\$	\$
	February 2025 <i>Winter Recess</i> (circle day(s) needed) 17 18 19 20 21 Total days: ____ x\$56	2/3/2025	\$	\$	\$
	April 2025 <i>Spring Recess</i> (circle day(s) needed) 14 15 16 17 18 Total days: ____ x\$56	3/31/2025	\$	\$	\$
	6/19/2025 <i>Juneteenth</i>	6/5/2025	\$56*	\$	\$
	June 2025 <i>Non-School Days</i> (circle day(s) needed) 26 27 Total days: ____ x\$56	6/12/2025	\$		

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

<sup>^</sup>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:** \_\_\_\_\_