

► REGISTRATION FOR SAY'S DINGEMAN ANNEX EXTENDED DAY PROGRAM FOR THE 2017/2018 SCHOOL YEAR ◀

- **SAY is taking registration for children enrolled at Dingeman Elementary school and incoming Ks and TKs.**
- **Registration forms will be processed on a first come first served basis.**

To register for the Extended Day Program:

- Attach annual nonrefundable registration fee (payable to SAY San Diego) of \$60 if registering one child or \$90 if registering more than one child.
- Mail this registration form and applicable fees to: **SAY, 8755 Aero Drive, Suite 100, San Diego, CA 92123.**
- Or **EMAIL** to sayextendeddayprograms@saysandiego.org (Credit card payments only).
 - If you would like confirmation of receipt of the form please include a self addressed stamped envelope.
- Families will be contacted by email or phone of their enrollment status. If the program is full we will place you on a waitlist and you will be contacted as space becomes available. Your registration fee will hold your place on the waitlist.
- If enrolled you will be emailed an enrollment packet and a fee schedule.

ENROLLMENT IS NOT COMPLETE UNTIL FEES ARE PAID AND FORMS ARE COMPLETE.

Para asistencia en español por favor llame a Monica a la extension 217

X-----

Please Print Dingeman Annex

Child's Name: First _____ Last _____ Birthdate _____ Gender _____ Sept. 2017 Grade _____

Additional Child (ren) _____ Birthdate _____ Gender _____ Sept. 2017 Grade _____

Additional Child (ren) _____ Birthdate _____ Gender _____ Sept. 2017 Grade _____

Parent/Legal Guardian Name: First _____ Last _____

Best phone numbers to reach you: (_____) _____ (_____) _____ **Email**.....

Parent/Legal Guardian Name: First _____ Last _____

Best phone numbers to reach you: (_____) _____ (_____) _____ **Email**.....

Address: _____ Apt. # _____ Zip _____

Fees are subject to change. Fees based on a 10 month schedule with Aug/Sept through May divided into 9 equal payments with June having a lower fee. A 20% discount is available for additional siblings enrolled by the same enrolling parent. The discount is applied to the lesser amount of monthly fees and does not apply to other fees.

Please select your schedule below. You will be invoiced for the sessions you select. Changes in schedule are made at the main office and will be accommodated on a first come first served bases.	Aug/Sept-May	June	Please select here if you need the TK time of Monday, Tuesday, Wednesday & Friday 12:20-3:00 (no care on Thursday) as well as AM, PM or FT.	Aug/Sept-May	June
	K – 5 th grade	K – 5 th grade		TK	TK
<input type="checkbox"/> AM M-F 7:00 – 8:30	\$154	\$73	<input type="checkbox"/> AM M-F 7:00 – 8:30 plus TK only M,T,W,F 12:20 -3:00	\$370	\$174
<input type="checkbox"/> PM M,T,W,F 3:00-6:00 Th 12:20-6:00	\$365	\$175	<input type="checkbox"/> PM M,T,W,F 12:20-6:00 Th 12:20-6:00	\$564	\$267
<input type="checkbox"/> FT AM and PM	\$504	\$240	<input type="checkbox"/> FT AM and PM	\$720	\$341
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Amount enclosed: \$ _____ Check: # _____

☐ VISA ☐ Master Card ☐ American Express ☐ Discover Account # _____ Expiration date: _____

I have read and agree to the conditions outlined above.

Parent/Legal Guardian Signature: _____ Date: _____

License # 376700653

FOR OFFICE USE ONLY:

Date received _____ By: _____ Fees \$ _____ Check # _____ ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

Open 2/21/17