



EXTENDED CARE 2024-2025 School Year

Child's Legal Name: _____
(First) (Last) (Nickname if Applicable)

Child's DOB: ____/____/____ Age: ____ Gender: ____ Grade: ____

Child's Home Address: _____

Parent/Guardian (1): _____ Email: _____ Phone: _____ Address: _____ _____	Parent/Guardian (2): _____ Email: _____ Phone: _____ Address: _____ _____
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Please Indicate the service your child will need: (Your child will be walked to/from NBCS by R&W staff)

Extended Care (select all that apply):

Before Care (7:00am-7:50am): M T W Th F

After Care (2:10pm-4pm): M T W Th F

Extended Care Registration Fee: \$30.00

Fee **MUST** be submitted with application to secure your child's spot or billed to Brightwheel. Checks can be made payable to Roots And Wings School PO Box 540 New Boston NH 03070. **Fees are non refundable.**

✕ _____
(Signature)

(Date)

FOR OFFICE USE:

Amount: _____ Date: _____ Check #: _____