



Registration for Extended Care at Roots and Wings School 2025-2026

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

☐ After Care (2:10 pm - 5:30 pm): 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 and mailed to PO Box 540 New Boston NH 03070. **Fees are non refundable.**

X _____
(Signature) (Date)

FOR OFFICE USE: Amount: _____ Date: _____ Check #: _____ or Brightwheel