



EXTENDED CARE REGISTRATION

Roots and Wings

2023-2024 School Year

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

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

Child's Home Address: _____

Parent/Guardian (1):	Parent/Guardian (2):
_____	_____
Email: _____	Email: _____
Phone: _____	Phone: _____
Address: _____	Address: _____
_____	_____

Please Indicate the service your child will need: (Your child will be walked to/from school 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-5:30pm): M T W Th F

Extended Care Registration Fee: \$60.00

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

X _____
(Signature) (Date)

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