



# 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)

<p><b>Extended Care</b> (select all that apply):</p> <p><input type="checkbox"/> Before Care (7:00 am - 7:50 am): M T W Th F</p> <p><input type="checkbox"/> After Care (2:10 pm - 5:30 pm): M T W Th F</p>
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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.**

✕ \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

FOR OFFICE USE:

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_