



BRIDGES Extensions

Student Name _____ Grade/Teacher _____

Address: _____ City/Zip _____

Parent/Guardian:

First & Last Name _____ Phone _____

Email _____ Alt. Phone _____

Parent/Guardian:

First & Last Name _____ Phone _____

Email _____ Alt. Phone _____

Emergency Contact:

First & Last Name _____ Phone _____

Email _____ Alt. Phone _____

Program selection, circle your program below:

Monthly Fees	5 DAYS	3 DAYS	1 DAY
12:15- 6 PM	525	336	115
12:15-4 PM	330	219	73
3:00-6 PM	295	195	65
12:15-1:30	160	96	\$32
1 hour per week	150	90	\$30
20 HOUR Punch Card	COME ANYTIME \$130		

Please let me know your scheduling plans below (enrichment classes, the days you plan to come, etc):

Please tell me about your child & your family

Does your child have a special talent or sport he/she enjoys?

Do you (as a parent) have any special talents or hobbies you would like to share with our group?

Allergies _____ Notes _____

Special food preferences(vegetarian, gluten-free, etc)

Payment information:

Your payment is due on the 1st of each month. You can choose to pay by check, payable to: BRIDGES Charter School. **You must pay a \$20 late fee if your payment is made after the 5th of the month.**

You can choose to pay by credit card. **All credit card payments will be processed on the 1st of the month and a 3% fee will apply.**

I plan to pay by:
Circle one:

Credit Card (MC,VISA,DISC,AMEX)

Check

Please provide your credit card/debit card information below:

Credit card # _____ Exp Date ___ / ___ VIN _____

Signature _____

Who else is authorized to pick up your child:

I Understand: (Please initial below)

_____ I must pay all monthly fees by the 5th of the month to avoid \$20 late fee

_____ I must have my child picked up by 6 PM at the BRIDGES Campus

_____ I understand that there is no child care offered on Holidays or Breaks, but it is on minimum days

_____ I understand that there are no refunds for unused Punch Cards.

_____ I understand that I need to notify the office or Kristin.green@bridgescharter.org to let her know about my plans with using the Punch Card.

Signature (parent/guardian) _____ Date _____