

WEST

CITY OF LONG BEACH
DEPARTMENT OF PARKS AND RECREATION

LIDO

516-431-3890 Recreation@longbeachny.gov

Before / After School Care Monthly Registration Form

2020-2021 School Year

THIS FORM MUST BE COMPLETED AND RETURNED WITH PAYMENT BY THE 25th OF THE MONTH PRIOR

**THERE IS A ONE-TIME REGISTRATION FORM AND FEE THAT COVERS BOTH THE BEFORE AND AFTER CARE PROGRAM*

CHILD'S NAME	Home Phone
Date of Birth	Age
School Attending	Grade

Please indicate on the calendar below which days your child will attend and if you require AM Before Care and/or PM After Care (or *Early Dismissal Care when available).

SEPTEMBER 2020				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1	2	3	4
7	8	9	10	11
	WELCOME BACK TO SCHOOL – NO PROGRAM THIS WEEK			
14 <input type="checkbox"/> AM <input type="checkbox"/> PM	15 <input type="checkbox"/> AM <input type="checkbox"/> PM	16 <input type="checkbox"/> AM <input type="checkbox"/> PM	17 <input type="checkbox"/> AM <input type="checkbox"/> PM	18 <input type="checkbox"/> AM <input type="checkbox"/> PM
21 <input type="checkbox"/> AM <input type="checkbox"/> PM	22 <input type="checkbox"/> AM <input type="checkbox"/> PM	23 <input type="checkbox"/> AM <input type="checkbox"/> PM	24 <input type="checkbox"/> AM <input type="checkbox"/> PM	25 <input type="checkbox"/> AM <input type="checkbox"/> PM
28 Yom Kippur	29 <input type="checkbox"/> AM <input type="checkbox"/> PM	30 <input type="checkbox"/> AM <input type="checkbox"/> PM		

	# of Days	Amount
Total AM Before Care Days @ \$15.00	#	\$
Total PM After Care Days @ \$20.00	#	\$
Total *Early Dismissal Care Days @ \$50.00	#	\$
TOTAL	#	\$

<i>FOR OFFICE USE ONLY</i>	
Date _____ Receipt # _____	Amount Paid _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card