

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
EXTENDED DAY PROGRAM**

325 S. Peck Ave. - Manhattan Beach, CA. 90266 - 310 318-7345
Meadows / Pacific / Pennekamp / Robinson / Grand View

REQUEST FOR EXENDED DAY PROGRAM

OFFICE USE ONLY Wait List Fee
CHECK # _____
AMT \$ _____
DATE _____

Child's Name	Gender	Date of Birth	Grade in '11-'12
	M F		

Parent(s) or Guardian(s) Information

Parent 1 Name	Parent 2 Name	Home Phone
Address	Parent 1 Work Phone	Parent 1 Cell Phone
City	Parent 2 Work Phone	Parent 2 Cell Phone
Home email address	Work email address	

Schedule Desired			
Days (circle one) →	5 days (Mon through Fri)	3 days (Mon/Wed/Fri)	2 days (Tues/Thurs)
Hours (circle one) →	Before School	After School	Before and After School

Desired start date? _____

What school will your child attend? _____

Will your child attend on "Camp" days? _____

PLEASE NOTE:

1. Completing this form DOES NOT GUARANTEE ENROLLMENT. Enrollment is dependent on space availability.
2. There is a \$50.00 (NON-REFUNDABLE) fee, per child, to be submitted with application.
3. A registration fee of \$100 per family is due at enrollment meeting.

PARENT'S SIGNATURE: _____ **DATE:** _____