



school age care

Boulder Valley School District
805 Gillaspie Dr.
Boulder, CO 80305

Date of Full Day _____

CHILD/REN _____

SCHOOL(child attends) _____

PARENTS NAME _____

Contact Phone Number _____

- **Full Days DO FILL UP – Register Early!**
- **Space will be limited and attendance will be on a first come first served basis.**
- **Due to staffing and field trip limits, we cannot accept registration forms after Deadline. (Deadline is 5 business days prior to full day)**

Payment Method:

- Please use Credit Card/Bank Draft on File
- Check is attached with Full Day Form.

DAILY COST		
1 st CHILD \$55.00	2 ND CHILD \$49.50	3 rd CHILD \$44.50

TOTAL AMOUNT DUE \$ _____

Medication Information:

If your child requires medication during this full day program, it is your responsibility to provide the prescribed medication with written Dr. authorization. Please communicate with your child’s supervisor with regards to this matter.

_____ My child/ren will need medication administered on this day.

We cannot issue credits or refunds.

Office Number 720.561.3774

Fax Number 720.561.3787