



**SUPPLEMENTAL CARE REGISTRATION FORM
FOR ROSH HASHANAH OCTOBER 3 & 4, 2016**

\$90 for full day (8:00 am – 5:45 pm)

\$45 for half day (8:00 am – 1:00 pm)

Please check the time Supplemental Care is requested.

Monday, October 3, 2016

full day

half day

Tuesday, October 4, 2016

full day

half day

Please return this form and payment to the office by Friday, September 16, 2016

Child's Name: _____

Total Payment Amount: _____

In order for Bala House Montessori to offer this Supplemental Care program, there must be a minimum of five (5) children enrolled. If there are not five (5) children enrolled, Bala House will refund all monies paid for this program.