



**Elementary Flexible Aftercare Program**

Student's Name (Last, First) \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Who will be authorized to pick up your child in extended care? Please list at least one emergency contact.

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Contact in emergency? Y N

Contact in emergency? Y N

Pick up student at school? Y N

Pick up student at school? Y N

- Flexcare Payment of \$125 must be submitted at the same time as the flexcare form.
- All Flexcare payments are non-refundable.
- Prior notification is required – (by 2:30 on the school day prior to the Flexible Aftercare day) - call the MSCU office at 217-356-1818 or by emailing: [schoolmanager@montessorischoolofcu.org](mailto:schoolmanager@montessorischoolofcu.org) .

Office use only

Paid \_\_\_\_\_

Flexible Aftercare days used

1 \_\_\_\_\_ Date \_\_\_\_\_

2 \_\_\_\_\_ Date \_\_\_\_\_

3 \_\_\_\_\_ Date \_\_\_\_\_

4 \_\_\_\_\_ Date \_\_\_\_\_

5 \_\_\_\_\_ Date \_\_\_\_\_