

## AllAboardLearningExpress@yahoo.com (773) 202-0554

(773) 202-0554 4008 W. Rosemont Ave. Chicago, IL 60646

## 

Child's Name					Birthdate		/	_
Application	FR Card	G&D	DCFS		Birth Certifica	ate		
Medical Date	<u></u>	Updated_		_/	Hearing_	Vi	ision <sub>.</sub>	
The "Extra Day P elementary school			the needs	of fa	milies with sc	hool age	chile	lren when your
We have a high do Therefore, we ask the year in half an for extra days is n circumstances ma change it. We will	that you put you d into two paymon-refundable. It y change; we wi	ur request in rents. Payme However, we ill allow for o	writing a ent secure understa	nd sues the nd that the otion p	bmit payment requested date at extra days a per session to 1	in advan e(s) for your re schedu nove an	ice. Your culed i	We have split child. Payment in advance and
The following are *Labor Day – close *Christmas Eve/D *MLK Day -close *Memorial Day - *Annual June Blo	sed Day – closed ed/ Staff Training closed	*Thai *New g *Goo *Inde	nksgiving v Year's I od Friday ependenc	g and Eve/I - clos e Day	the day after - Day - closed sed / - closed	closed	Prog	ram":
***Please note: I day off the follow			s on a Sa	ıturda	y or Sunday th	ien our p	rogra	am observes a
Child's Name: _				Age	e:			
Parent's Signatu *Please sign stating	re:			_ Dat	e:		_	
*Please sign stating	g you have read ar	nd understand	the "Extra	a Day	Policy"			
Extra day rates fo Extra day rates fo			0					
Requested Dates: July Through Dec			Session Two  January through June 2026					
								Accedited by
Total:Payment due with 1	request.			<b>Total</b> Payme	:ent due with rec	juest.	T	National Association for the Education of Young Children