



SECO Registration

Client Information

Parent's Name _____
 E-mail _____ Phone _____

Conference Care \$40 Half Day/\$75 Full Day

Feb 28 9:30AM-5PM (Wednesday)

March 1 7AM-5PM (Thursday)

March 2 7AM-5PM (Friday)

March 3 7AM-5PM (Saturday)

March 4 7AM-3PM (Sunday)

Date of Service	Child's Name	Allergies	Age	Full Day/Half Day

Extended Care \$10/hr per child (before 7AM and after 5 pm)

- February 28 5PM-7:30 PM (Wednesday)**
- March 1 6AM-7AM & 5PM-9PM (Thursday)**
- March 2 6AM-7AM & 5PM-9PM (Friday)**
- March 3 6AM-7AM & 5PM-8:30PM (Saturday)**
- March 4 6AM-7AM (Sunday)**

Date of Service	Child's Name	Allergies	Age	Start and End Times

I have read, understand and accept the above conditions of this contract.

AMEX/VISA/MC # _____

Exp. Date _____ Security Code _____

Mailing Address _____

Client Signature _____ Date _____