



## 2025-2026 Non-School Day Registration Form

~ All care provided at the Good Shepherd Building, 3288 East Henrietta Rd. ~

**Student information:**

Date: \_\_\_\_\_

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ Phone (Secondary): \_\_\_\_\_

Currently registered for any C<sup>2</sup>Z program?  Yes – Continue below  No – Stop and submit an Enrollment Packet.

Registration Deadline listed below. Non-School Day Refunds issued only when request is made one week in advance.

**Non-school day(s) needed:**

| Day(s) Needed | Date  | Registration Deadline | Fee \$60/Day | \$10/day Late Fee <sup>^</sup> | Day Total |
|---------------|---|-----------------------|--------------|--------------------------------|-----------|
|               | Friday, 10/10/2025 <i>Conference Day</i>  | 9/26/2025             | \$60*        | \$                             | \$        |
|               | November 2025 <i>Thanksgiving Week</i><br>(circle date(s) needed) Total days: ____ x\$60<br>Mon 11/24    Tues 11/25    Wed 11/26                                  | 11/10/2025            | \$           | \$                             | \$        |
|               | December 2025/January 2026 <i>Holiday Recess</i><br>(circle date(s) needed) Total days: ____ x\$60<br>Mon 12/22    Tue 12/23    Mon 12/29    Tue 12/30    Fri 1/2 | 12/8/2025             | \$           | \$                             | \$        |
|               | Friday, 1/30/2026 <i>Grading Day</i>  | 1/16/2026             | \$60*        | \$                             | \$        |
|               | February 2026 <i>Winter Recess</i><br>(circle day(s) needed) Total days: ____ x\$60<br>Mon 2/16    Tues 2/17    Wed 2/18    Thur 2/19    Fri 2/20                 | 2/2/2026              | \$           | \$                             | \$        |
|               | March 2026/April 2026 <i>Spring Recess</i><br>(circle day(s) needed) Total days: ____ x\$60<br>Mon 3/30    Tue 3/31    Wed 4/1    Thurs 4/2    Fri 4/3            | 3/16/2026             | \$           | \$                             | \$        |
|               | Friday, 5/22/2026 <i>Memorial Day Recess</i>  | 5/8/2026              | \$60*        | \$                             | \$        |

\*Less fee paid for wrap-around enrollment that day.

<sup>^</sup>Per Day Late fee charged if registration is submitted after that day's registration deadline.

**TOTAL: \$**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Method of Payment:**  Visa     MasterCard     Check (# \_\_\_\_\_)     Cash (rcpt # \_\_\_\_\_)

If you are paying with Visa or MasterCard and did not already sign a Credit Card Authorization form, complete the following:

Credit Card #:

Expiration Date (MM/YY):        CVC# (from back of card):

Print Card Holder Name: \_\_\_\_\_

Billing Address on Account: \_\_\_\_\_

**Card Holder Signature:** \_\_\_\_\_