



# TEACHER WORKDAY REGISTRATION FORM

**8:00 AM – 3:00 PM: \$40**

**8:00 AM – 6:00 PM: \$50**

Please indicate which Teacher Workday needed:

Friday, September 28

\_\_\_\_\_

Monday, October 22

\_\_\_\_\_

Friday, December 21

\_\_\_\_\_

Monday, January 7

\_\_\_\_\_

Friday, March 15

\_\_\_\_\_

Monday, April 8

\_\_\_\_\_

**Students Name/Nombre del estudiante:** \_\_\_\_\_

**Classroom/Salón de Clase:** \_\_\_\_\_

**Allergies/Alergias:** \_\_\_\_\_

**Please have a morning snack, lunch and afternoon snack packed for your child. All children will sign-in at the front office before released to program.**

**The program ends promptly at 6pm. There will be a \$5 per 5 minutes after 6pm.**

- Please make checks payable to CEMCS. Por favor haga su cheque a CEMCS
- Spaces are only available on a first come first-served basis- Space is limited. *Espacio es limitado.*
- If you have any questions, contact/ *Si tiene alguna pregunta por favor contacte :*  
**Dionne Smith** at [dsmith@cemcs.org](mailto:dsmith@cemcs.org)/ (919) 749-6343