

Kadimah

**KADIMAH SCHOOL OF BUFFALO**  
**Extended Day Program Registration**  
**2009-2010**

Please circle your student's Extended Day schedule:

- |                                     |                 |                |
|-------------------------------------|-----------------|----------------|
| <input type="checkbox"/> Mondays    | 12:30 - 3:00 PM | 3:00 - 6:00 PM |
| <input type="checkbox"/> Tuesdays   | 12:30 - 3:00 PM | 3:00 - 6:00 PM |
| <input type="checkbox"/> Wednesdays | 12:30 - 3:00 PM | 3:00 - 6:00 PM |
| <input type="checkbox"/> Thursdays  | 12:30 - 3:00 PM | 3:00 - 6:00 PM |
| <input type="checkbox"/> Fridays    | 12:30 - 3:00 PM |                |

**Extended Day Fees and Hours:**

**Nursery School Students\***

\* MUST have a mat for rest time  
M-F: 12:30 - 3:00 PM • \$15 per day  
M-Th: 3:00 - 6:00 PM • \$6.00 per hour

**Kindergarten - Grade 8**

M-Th: 3:00 - 6:00 PM • \$6.00 per hour

Extended Day will NOT be available when Kadimah School of Buffalo has an early dismissal unless otherwise notified.

Please check one:

- I have attached a check for \$30, made payable to Kadimah School of Buffalo for my student's Extended Day Supply Fee
- Please charge my student's Extended Day Supply Fee of \$30 to my

MasterCard/Visa #

Expiration Date   /     Security digits

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Student's Birth Date \_\_\_\_\_ Sex  M  F Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Phone 1 \_\_\_\_\_ Cell Phone 2 \_\_\_\_\_

**I/WE HAVE READ ALL OF THE ABOVE INFORMATION AND FULLY UNDERSTAND MY/OUR OBLIGATIONS TO KADIMAH SCHOOL OF BUFFALO.**

Parent # 1 Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

Parent # 2 Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_

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