



HEBREW ACADEMY OF MORRIS COUNTY

REQUEST FOR ECC EXTRA SESSION

Dear Ricki Rubin,

I would like to have my child(ren) stay in the ECC for the following extra session(s) on the following day(s). Please let me know if there will be space available as requested.

Please Print and Check the Session(s) Requested

Child's First and Last Name	Day	Date	AM Session	PM Session	Full Day	Lunch Session

I understand that the following fees apply per child:

- \$30 per AM or PM session \$_____
 - \$60 per full day \$_____
 - \$7 per lunch session \$_____
- TOTAL DUE** \$_____

I understand that if space is available and my child attends as requested above, my account will be billed and I will be responsible for sending in the total due.

Parent's Name (printed) _____

Parent's Signature _____