



After School Care Registration Form

Please provide the school with the following information regarding your child and the use of the after-school care program. You are NOT obligated to use this service once registered. It may be used in an as needed basis. Hours of operation will be 3:15-5:30 when school is in session.

Name of first child _____ Grade: _____

Second child _____ Grade: _____

Third child _____ Grade: _____

Estimated Days/Hours of use

_____ Mondays 3:15- _____

_____ Tuesdays 3:15- _____

_____ Wednesdays 3:15- _____

_____ Thursdays 3:15- _____

_____ Fridays 3:15- _____

Fees

First Child: \$9.00 hour

Second/third: Child: \$5.00 hour (each)

Special Notes: Please share any information that you feel will be beneficial to the teachers.

I understand that I will be billed on a monthly basis. Payment is expected by the 15th of month. Children are expected to be picked up no later than 5:30 each day or additional charges will be incurred.

Parent Signature

Date

Phone Number