

Aftercare Registration: 2022-2023

Student Name _____ Class _____

Parent #1 Name _____ Phone # _____

Parent #2 Name _____ Phone # _____

I would like my child to attend aftercare _____ days per week.

Aftercare Payment Schedule:

1 day a week: \$30 per month
2 days a week: \$60 per month
3 days a week: \$85 per month
4 days a week: \$115 per month
5 days a week: \$140 per month

Charges for December and May will be prorated to half the normal monthly cost

I would like my child to attend the following days each week:

(circle all the apply)

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

I understand that my account will be charged per month according to the payment schedule above, regardless of missed days due to illness or vacation. Additional drop-in days will be charged the following month.

Parent Signature: _____ Date: _____