



AFTER-CARE PROGRAM: WEEKLY FORM

My child/children will attend the After-Care Program on the following days of the week beginning _____(date) at the rate of \$16/day for first child, \$4/day for each additional child on regular school days (2:15pm-5pm) and \$22/day for first child, \$8/day each additional child on early dismissal days (12:15pm-5pm). Students must be registered at least 24 hours in advance in order to properly staff this program. We will not be able to accommodate drop-ins this year.

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Child: _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

Total amount enclosed: _____ cash _____ check # _____

My child/children will be picked up at approximately _____ when attending.

Parent/guardian signature: _____