



### **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-5:30pm) and \$22/day for first child, \$8/day each additional child on early dismissal days (12:15pm-5:30pm). 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: \_\_\_\_\_