



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 (2:15 pm-5:30 pm) and \$22/day for first child, \$8/day each additional child on early dismissal days (12:15 pm-5:30 pm). Students must be registered at least 24 hours in advance in order to properly staff this program. Students who stay in after-care without prior notice to the school will be charged a flat rate of \$20 per student on full days or \$25 per student on early dismissal days.

It is important that all paperwork and fees be submitted to the office the week prior to a child attending the after-care program. A monthly rate is available; call the office for details.

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: _____