



To register for **Regular Use After-School Care** on a monthly basis, please complete and return this form to the office before the I<sup>st</sup> of each month or before Tuesday September 2<sup>nd</sup> if you choose the Year-Long option. If your child will <u>not</u> be using care on one of their regular days, please let the office know so the space may be made available to another student. The number of students allowed in each program is determined by our licensing requirements, and is offered on a space available basis. After School Care does not include care on snow days, the last day of school, days off, or to students who have left campus prior to 3:00 pm.

Occasional "drop-in" use – <u>is available for Grade School students only</u>. This form is not required for drop-in care. Reservations may be placed on a first-come, first-served basis by calling the office before 2:00 p.m. on the day you need care. Our Business Office will invoice families at the end of each month for Care services received during that month. The rate is \$12 per hour billed by the half hour.

Please register my child						, for After School Care for the			
		Please specify your pre	ferred day	s:					
□ Monthly Option - Month of									
<ul><li>Early Childhood \$20/day</li><li>Grade School \$20/day</li></ul>		Dismissal – 6:00 p.m. Dismissal – 6:00 p.m.			Wed Wed				
• Grade School \$20/day		Dismissai – 6:00 p.m.	///10//	rue	vved	1110			
☐ Year-Long Option		Dismissal – 6:00 p.m.	Mon	Tue	Wed	Thu	Fri		
Late Pick-Up Fees – We expect the pick-up, please call the office to advise teachers and office personnel to munderstand that late pick-ups are some up times, we will do the following:	e us of yoniss mee etimes u	our situation. Late pick-ups of tings or appointments to navoidable. In the event that	delay and inco provide emo students rem	onveniend ergency s nain on ca	e our sta supervisio mpus afte	.ff, often n. How er schedi	requirin ever, w uled pick		
<ul> <li>Students remaining in After S Care personnel or office staff</li> </ul>					ll remain	with Aft	er Schoo		
Parent Name	s	ignature	· · · · · · · · · · · · · · · · · · ·	Date	/	/			
				For	office use	only			

Date form received

Date to start Care