

Aftercare Registration December 2019

Directions: Write the first name of the student(s) in each session requested. Example listed in bolded boxes below. Continue to next page to verify dates, times, and payment.

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	*** Example ***				
12:15-2:50pm	John & Suzie Smith	/	/	/	/
2:50-4:00pm	John Smith				
4:00-5:00pm	John Smith				
5:00-6:00pm					
	December 2nd	December 3rd	December 4th	December 5th	December 6th
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	December 9th	December 10th	December 11th	December 12th	December 13th
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	December 16th	December 17th	December 18th	December 19th	December 20th
12:15-2:50pm	/	/	/		<i>Holiday/Recess</i>
2:50-4:00pm					<i>Holiday/Recess</i>
4:00-5:00pm					<i>Holiday/Recess</i>
5:00-6:00pm					<i>Holiday/Recess</i>
	Winter Recess	Winter Recess	Winter Recess	Winter Recess	Winter Recess
12:15-2:50pm	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>
2:50-4:00pm	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>
4:00-5:00pm	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>
5:00-6:00pm	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>

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Time Of Care	Pre-Registration	Drop-In
12:15-2:50pm	\$20.00	\$25.00
2:50-4:00pm	\$8.00	\$10.00
4:00-5:00pm	\$6.00	\$8.00
5:00-6:00pm	\$6.00	\$8.00

* Note: For Aftercare pre-registration prices, please return this form to the office no later than **Tuesday, November 26th**

(Prices are per child)

Student Name	Grade	# of Sessions 12:15p-2:50p	# of Sessions 2:50p-4:00p	# of Sessions 4:00p-5:00p	# of Sessions 5:00p-6:00p	
		↓	↓	↓	↓	↓
Number of Days Totals:						
Cost per Day:		\$20/\$25	\$8/\$10	\$6/\$8	\$6/\$8	
Cost Totals:						Grand Total=

Parent Name(s): _____ Phone Number(s): _____

Signature: _____ Date: _____

Payment Options (select one):

- Enclosed is my payment for \$ _____ paid by (circle one): Check Cash Credit Card
 received by: _____ on (date): _____
- Add to my FACTS account amount due in December

Office Use ONLY:

Date form was received: _____
 Pre-registration or drop in? _____
 Date family was billed: _____
 Method of billing: _____
 Processed by (staff name): _____