

Aftercare Registration February 2020

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					
	February 3rd	February 4th	February 5th	February 6th	February 7th
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	February 10th	February 11th	February 12th	February 13th	February 14th
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	February 17th	February 18th	February 19th	February 20th	February 21st
12:15-2:50pm	Holiday/Recess	Holiday/Recess	Holiday/Recess	Holiday/Recess	Holiday/Recess
2:50-4:00pm	Holiday/Recess	Holiday/Recess	Holiday/Recess	Holiday/Recess	Holiday/Recess
4:00-5:00pm	Holiday/Recess	Holiday/Recess	Holiday/Recess	Holiday/Recess	Holiday/Recess
5:00-6:00pm	Holiday/Recess	Holiday/Recess	Holiday/Recess	Holiday/Recess	Holiday/Recess
	February 24th	February 25th	February 26th	February 27th	February 28th
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					

Aftercare Registration

February 2020

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 **Friday, January 31st**

(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 February

Office Use ONLY:

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