

Aftercare Registration January 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 ***		January 1st	January 2nd	January 3rd
12:15-2:50pm	John & Suzie Smith	/	Holiday/Recess	Holiday/Recess	Holiday/Recess
2:50-4:00pm	John Smith		Holiday/Recess	Holiday/Recess	Holiday/Recess
4:00-5:00pm	John Smith		Holiday/Recess	Holiday/Recess	Holiday/Recess
5:00-6:00pm			Holiday/Recess	Holiday/Recess	Holiday/Recess
	January 6th	January 7th	January 8th	January 9th	January 10th
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	January 13th	January 14th	January 15th	January 16th	January 17th
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	January 20th	January 21st	January 22nd	January 23rd	January 24th
12:15-2:50pm	Holiday/Recess	/	/	/	/
2:50-4:00pm	Holiday/Recess				
4:00-5:00pm	Holiday/Recess				
5:00-6:00pm	Holiday/Recess				
	January 27th	January 28th	January 29th	January 30th	January 31st
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					

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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 **Monday, January 6th**

(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 January

Office Use ONLY:

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