

Beforecare and Aftercare Registration June 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
	June 3rd	June 4th	June 5th	June 6th	June 7th
7:00-8:00am					
12:15-2:50pm	Example	Example	Example		Half Day Dismissal
2:50-4:00pm					Last Day of School
4:00-5:00pm					
5:00-6:00pm					
7:00-8:00am					
12:15-2:50pm					
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
7:00-8:00am					
12:15-2:50pm					
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
7:00-8:00am					
12:15-2:50pm					
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					

Beforecare and Aftercare Registration

June 2019

Time Of Care	Pre-Registration	Drop-In
7:00-8:00am	\$10.00	N/A
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, May 20th**

(Prices are per child)

Student Name	Grade	# of Sessions 7:00a-8:00a	# of Sessions 12:15p-2:50p	# of Sessions 2:50p-4:00p	# of Sessions 4:00p-5:00p	# of Sessions 5:00p-6:00p

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Number of Days Totals:						
Cost per Day:	\$10	\$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 for the month.

Office Use ONLY:

Date form was received: _____

Pre-registration or drop in? _____

Date family was billed: _____

Method of billing: _____

Processed by (staff name): _____