

## Aftercare Registration March 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
	March 2nd	March 3rd	March 4th	March 5th	March 6th
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	March 9th	March 10th	March 11th	March 12th	March 13th
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	March 16th	March 17th	March 18th	March 19th	March 20th
12:15-2:50pm	/	/	/	<i>Parent/Teacher Conf</i>	<i>Parent/Teacher Conf</i>
2:50-4:00pm				<i>Parent/Teacher Conf</i>	<i>Parent/Teacher Conf</i>
4:00-5:00pm				<i>Parent/Teacher Conf</i>	<i>Parent/Teacher Conf</i>
5:00-6:00pm				<i>Parent/Teacher Conf</i>	<i>Parent/Teacher Conf</i>
	March 23rd	March 24th	March 25th	March 26th	March 27th
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	March 30th	March 31st			
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					

Last Name: \_\_\_\_\_

## Aftercare Registration March 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, February 28th**

(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	
<b>Number of Days Totals:</b>						
<b>Cost per Day:</b>		\$20/\$25	\$8/\$10	\$6/\$8	\$6/\$8	
<b>Cost Totals:</b>						<b>Grand Total=</b>

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 March

### Office Use ONLY:

Date form was received: \_\_\_\_\_

Pre-registration or drop in? \_\_\_\_\_

Date family was billed: \_\_\_\_\_

Method of billing: \_\_\_\_\_

Processed by (staff name): \_\_\_\_\_