


## Beforecare and Aftercare Registration March 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
					March 1st
7:00-8:00am	→ <b>Example</b> →	<b>John &amp; Suzie Smith</b>			
12:15-2:50pm					
2:50-4:00pm	→ <b>Example</b> →	<b>John Smith</b>			
4:00-5:00pm		<b>John Smith</b>			
5:00-6:00pm					
	March 4th	March 5th	March 6th	March 7th	March 8th
7:00-8:00am					
12:15-2:50pm					
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	March 11th	March 12th	March 13th	March 14th	March 15th
7:00-8:00am					
12:15-2:50pm				No School	No School
2:50-4:00pm				Parent Teacher	Parent Teacher
4:00-5:00pm				Conferences	Conferences
5:00-6:00pm					
	March 18th	March 19th	March 20th	March 21st	March 22nd
7:00-8:00am					
12:15-2:50pm					
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	March 25th	March 26th	March 27th	March 28th	March 29th
7:00-8:00am					
12:15-2:50pm					
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					

Beforecare and Aftercare Registration

March 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, March 4th**

(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

↓                      ↓                      ↓                      ↓                      ↓

<b>Number of Days Totals:</b>						
<b>Cost per Day:</b>	\$10	\$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 November

**Office Use ONLY:**

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

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

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

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

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