

Beforecare and Aftercare Registration

May 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
			May 1st	May 2nd	May 3rd
7:00-8:00am					
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	May 6th	May 7th	May 8th	May 9th	May 10th
7:00-8:00am					
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	May 13th	May 14th	May 15th	May 16th	May 17th
7:00-8:00am					
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	May 20th	May 21st	May 22nd	May 23rd	May 24th
7:00-8:00am					
12:15-2:50pm	/	/	/	/	/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	May 27th	May 28th	May 29th	May 30th	May 31st
7:00-8:00am					
12:15-2:50pm	Memorial Day	/	/	/	/
2:50-4:00pm	No School				
4:00-5:00pm					
5:00-6:00pm					

Beforecare and Aftercare Registration

May 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 **Tuesday, April 30th**

(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 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): _____