

Aftercare Registration November 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
	*** Example ***				November 1st
12:15-2:50pm	John & Suzie Smith	/	/		<i>Parent Teacher Conf</i>
2:50-4:00pm	<i>John Smith</i>				<i>Parent Teacher Conf</i>
4:00-5:00pm	<i>John Smith</i>				<i>Parent Teacher Conf</i>
5:00-6:00pm					<i>Parent Teacher Conf</i>
	November 4th	November 5th	November 6th	November 7th	November 8th
12:15-2:50pm	/	/	/		
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	November 11th	November 12th	November 13th	November 14th	November 15th
12:15-2:50pm	<i>Holiday/Recess</i>	/	/		
2:50-4:00pm	<i>Holiday/Recess</i>				
4:00-5:00pm	<i>Holiday/Recess</i>				
5:00-6:00pm	<i>Holiday/Recess</i>				
	November 18th	November 19th	November 20th	November 21st	November 22nd
12:15-2:50pm	/	/	/		
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	November 25th	November 26th	November 27th	November 28th	November 29th
12:15-2:50pm	/	/	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>
2:50-4:00pm			<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>
4:00-5:00pm			<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>
5:00-6:00pm			<i>Holiday/Recess</i>	<i>Holiday/Recess</i>	<i>Holiday/Recess</i>

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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 **Wednesday, October 30th**

(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 November

Office Use ONLY:

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