

Aftercare Registration October 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 ***	October 1st	October 2nd	October 3rd	October 4th
12:15-2:50pm	John & Suzie Smith	/	/		/
2:50-4:00pm	John Smith				
4:00-5:00pm	John Smith				
5:00-6:00pm					
	October 7th	October 8th	October 9th	October 10th	October 11th
12:15-2:50pm	/	/	/		/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	October 14th	October 15th	October 16th	October 17th	October 18th
12:15-2:50pm	Holiday/Recess	/	/		/
2:50-4:00pm	Holiday/Recess				
4:00-5:00pm	Holiday/Recess				
5:00-6:00pm	Holiday/Recess				
	October 21st	October 22nd	October 23rd	October 24th	October 25th
12:15-2:50pm	/	/	/		/
2:50-4:00pm					
4:00-5:00pm					
5:00-6:00pm					
	October 28th	October 29th	October 30th	October 31st	
12:15-2:50pm	/	/	/	Parent Teacher Conf	/
2:50-4:00pm				Parent Teacher Conf	
4:00-5:00pm				Parent Teacher Conf	
5:00-6:00pm				Parent Teacher Conf	

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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 **Monday, September 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 October.

Office Use ONLY:

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