



**AFTER CARE APPLICATION AND FEE SCHEDULE (2010-2011)**

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Teacher: \_\_\_\_\_ Program Enrolled: **Toddler** \_\_\_\_\_ **Pre-Primary** \_\_\_\_\_ **Elementary** \_\_\_\_\_

**FEES - Monthly Rates** (Please check the desired times and days.)

<b><u>Toddler Aftercare Program Option</u></b>	<b><u>M-F</u></b>
11:30 am - 12:30 pm	\$120 ____
11:30am – 4:00 pm	\$465 ____

<b><u>Pre-Primary Lunch Only Program Option</u></b> (in classroom)	<b><u>M-F</u></b>
11:30 am - 12:30 pm	\$120 ____

<b><u>After Care Pre-Primary &amp; Elementary</u></b> (Please indicate days of the week)	<b><u>3 Days</u></b> (Consecutive Days)	<b><u>5 Days</u></b> (M-F)
11:30 am - 2 pm	<b>\$180</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$295</b> ____
11:30 am - 3 pm	<b>\$250</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$415</b> ____
11:30 am - 4 pm	<b>\$280</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$465</b> ____
11:30 am - 5 pm	<b>\$345</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$565</b> ____
11:30 am - 6 pm	<b>\$375</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$620</b> ____
2 pm - 3 pm	<b>\$70</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$120</b> ____
2 pm - 4 pm	<b>\$145</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$235</b> ____
2 pm - 5 pm	<b>\$215</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$355</b> ____
2 pm - 6 pm	<b>\$250</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$410</b> ____
3 pm - 4 pm	<b>\$70</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$120</b> ____
3 pm - 5 pm	<b>\$145</b> Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$235</b> ____
3 pm - 6 pm	<b>\$215</b> , Mon-Weds____, Tues-Thurs____ or Wed-Fri____	<b>\$355</b> ____

I hereby contract for the After Care days indicated above for the 2010-2011 school year. I agree to pay the contracted amount regardless of my child's attendance at school, realizing that the school must budget for staff depending on enrollment in this program. Monthly fees are based on the number of school days scheduled on the calendar, and will not be affected by absences due to illness or vacations. **To cancel or change this contract, notice must be given in writing to the office one week prior to the change.** Invoices will be mailed monthly for nine months from September 15<sup>st</sup> to May 15th. I agree to pay the amount billed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date