



**AFTER CARE APPLICATION AND FEE SCHEDULE
2012-2013**

**A non-refundable deposit of \$100.00 is due with your application to ensure your slot.
The deposit will go toward your first aftercare bill.**

Child's Name: _____ Home Phone: _____

Teacher: _____ Program Enrolled: **Toddler** _____ **Pre-Primary** _____ **Elementary** _____

Does your child take a nap? _____

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

Toddler Lunch Only Program Option

M-F

11:30 am - 12:30 pm \$120 ____

Pre-Primary Lunch Only Program Option

M-F

11:30 am - 12:30 pm \$120 ____

After Care Pre-Primary & Elementary

(Please indicate days of the week)

3 Days

(Consecutive Days)

5 Days

(M-F)

11:30 am – 3:00 pm **\$250**, Mon-Weds____, Tues-Thurs____ or Wed-Fri____ **\$415**____

11:30 am – 4:00 pm **\$280**, Mon-Weds____, Tues-Thurs____ or Wed-Fri____ **\$465**____

11:30 am – 5:00 pm **\$345**, Mon-Weds____, Tues-Thurs____ or Wed-Fri____ **\$565**____

3:00 pm – 4:00 pm **\$ 70**, Mon-Weds____, Tues-Thurs____ or Wed-Fri____ **\$120**____

3:00 pm – 5:00 pm **\$145**, Mon-Weds____, Tues-Thurs____ or Wed-Fri____ **\$235**____

I hereby contract for the After Care days indicated above for the 2012-2013 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 15st to May 15th. I agree to pay the amount billed.

Parent's Signature

Date

Office Use Only:

Slot Available: Yes No On Wait List: Yes No Date off Wait List _____