



# January

Registrations Due: 12/25/18

# Aftercare Registration

Monday - Friday 2:45-5:30 pm

Parent Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

**OPTION A** **Instructions:** Choose one of the following to register for every school day with a consistent pick up time.  
*Totals below reflect the 5% discount for regular monthly registrations.*

<input type="checkbox"/>	2:45 - 3:30 (\$108)	<input type="checkbox"/>	2:45 - 5:00 (\$271)
<input type="checkbox"/>	2:45 - 4:00 (\$162)	<input type="checkbox"/>	2:45 - 5:30 (\$325)
<input type="checkbox"/>	2:45 - 4:30 (\$217)		

A la Carte Price Code:

2:45 to 3:30 - \$6  
 2:45 to 4:00 - \$9  
 2:45 to 4:30 - \$12  
 2:45 to 5:00 - \$15

**OR**  
 Check the pick-up time for the dates you require aftercare.  
 Using the cost key, complete weekly and monthly totals below and submit payment.

OPTION B	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
	7	8	9	10	11	
	3:30	3:30	3:30	3:30	3:30	
	4:00	4:00	4:00	4:00	4:00	
	4:30	4:30	4:30	4:30	4:30	
	5:00	5:00	5:00	5:00	5:00	
	5:30	5:30	5:30	5:30	5:30	
	14	15	16	17	18	<input type="text"/>
	3:30	3:30	3:30	3:30	3:30	
	4:00	4:00	4:00	4:00	4:00	
	4:30	4:30	4:30	4:30	4:30	
	5:00	5:00	5:00	5:00	5:00	
	5:30	5:30	5:30	5:30	5:30	
	21	22	23	24	25	<input type="text"/>
	3:30	3:30	3:30	3:30	3:30	
	4:00	4:00	4:00	4:00	4:00	
	4:30	4:30	4:30	4:30	4:30	
	5:00	5:00	5:00	5:00	5:00	
	5:30	5:30	5:30	5:30	5:30	
	28	29	30	31		<input type="text"/>
	3:30	3:30	3:30	3:30		
	4:00	4:00	4:00	4:00		
	4:30	4:30	4:30	4:30		
	5:00	5:00	5:00	5:00		
	5:30	5:30	5:30	5:30		
	Month total					<input type="text"/>

Submit registration form and payment to the main office by the due date that is listed on the top of this form. Payment by check or cash must accompany registration forms. Payment is expected no later than the 5th of the month in which services are being provided to maintain enrollment in the program.

