



Before and After School Care Registration 2020-21 School Year

Name of Child _____ Nickname _____ Gender ___ Birthdate _____ Age as of 9/1/20 _____
Street Address _____ Town _____ Zip _____
Parent//Guardian 1 _____ Phone _____ Cell _____ Email _____
Parent/Guardian 2 _____ Phone _____ Cell _____ Email _____

Early Care ___M__T__W__T__F Mon-Fri 8:00-9:00 \$300 for one day for the school year \$1,500 for all 5 days for the school year

After Care ___M__T__W__T__F Mon-Fri 2:30-5:00 \$750 for one day for the school year \$3500 for all 5 days for the school year

By signing below, I understand that while school is held in person that there is no refund or swapping for unused before and after care time. In the event that school must be virtual, the fees will be prorated to reflect time not in the building..

Signature of Parent or Guardian

Date

___ Please bill my credit card in 10 monthly payments Sept 1— June 1

___ I will pay by check/debit/credit card by the the 1st of every month for the following month

___ I have included payment in full /please bill my credit card for the full year Check# _____

Credit card# _____ Exp date _____

PLEASE REMEMBER THERE IS A 3% CHARGE FOR ALL DEBIT/CREDIT CHARGE PAYMENTS