

CCDS 2015-2016 ASP (1st-8th grade) Contract

Student Name (First & Last) _____ Grade _____

Parents Name (First & Last) _____

Mailing Address _____

Home phone number _____ Cell phone number _____

Email Address _____

Please choose your desired option for After School Care with an "X".
(All options allow pick-up until 5:30)

_____	M-F	\$200/mo
_____	M/W/F	\$140/mo
_____	T/TH	\$100/mo
_____	M/W	\$100/mo
_____	Friday Only	\$60/mo

Credit Card Payment

I, _____ (please print name), authorize Chico Country Day School to charge my Visa/Mastercard on approximately the 25th of each month in the amount of \$ _____.

Parent Signature

Billing Zip Code

Credit Card Payment

Expiration Date

Any contract change must be submitted in writing to the ASP Office by the 15th of the month will be effective the following month.

Cash, checks and Visa/Mastercard payments are accepted.

Payments must be received by the 1st of the month to avoid a \$10 late fee. Payment must be received by the 5th of the month to avoid disenrollment.

If disenrolled, your child will be placed on the waiting list

All monthly fees are based on a 4 week month. We do not offer prorated fees.

A \$25 registration fee will be assessed for all contract changes or reenrollment.

I, _____ (printed name), agree to the terms of the above contract.

Parent Signature

Date

Effective Date