

BEFORE/AFTER SCHOOL CARE REGISTRATION FORM

Annual Program Fees (per child):

	BEFORE SCHOOL	AFTER SCHOOL
1 day per week	\$550	\$1,300
2 days per week	\$880	\$2,100
3 days per week	\$1,000	\$2,350
4 days per week	\$1,100	\$2,600
5 days per week	\$1,200	\$2,850

(5% discount for each sibling registered for the same program)

Register your child(ren) by filling in the name(s), checking the day(s) and session(s) your child(ren) will attend, and totaling the amount due.

Family Name _____ (The program is open to GRTWA students only)

Child's Name	Grade	Mon		Tue		Wed		Thu		Fri		Amount Due
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
SUBTOTAL PROGRAM FEES DUE												
LESS 5% SIBLING DISCOUNT												
TOTAL PROGRAM FEES DUE												

Please **check one of the following options** for paying the **TOTAL PROGRAM FEES DUE**:

- I have enclosed a single payment by cash or currently-dated check for the total amount.
- Please add the amount to my FACTS account payments.

Please note that no child will be allowed to participate in the program unless registration is complete. Children not registered will be charged the drop-in fee. Registration indicates that parents have read and agreed to all of the conditions of the program. Any changes in a child's scheduled days must be arranged through the office.

Signature _____

Date _____