

2010-2011 After School Care Enrollment Form



Please fill out one form for each child.

Please fill in all shaded areas.

Child's Name:

Grade:

Parent's Name(s):

Month you wish the Scheduled ASC status to begin:

Days and times needed (write in time of day next to day - ie; 3:00-5:30)
 (Note: ASC is considered any time before 8:00am and any time after 11:30 for K3, after 12:00 for K4 or after 3:00 for all others.)

Morning ASC

M T W Th F

Afternoon ASC

M T W Th F

Days and hours needed (write in hours next to day - ie: 2.5)

M T W Th F **Total (add up all 5 days):**

The cost of ASC will be determined by the following guidelines:

- A) Full time (5 days / week), the Days / Month Avg of 18 days will be used as the basis
- B) The average number of hours each day will be applied to the 18 day month
- C) The cost / hour is \$2.75 for Scheduled ASC only

Amount Due Each Month: / 5 x \$2.75 x 18 days =

Total Hours from above

Parent's Signature(s):

Date:

Changes to this agreement may be made on a monthly basis. Please return this registration form to your child's teacher by the 10th of the previous month (ie; if you want to change your hours for November, please turn in your new form by October 10).