



After School Care Schedule Form

Parent's Name: _____

Phone #: _____

Schedule for the week of: _____
month/day/year

***All schedules requested by Thursday @ 5:30 p.m. the week before services are needed.**

Please place an X in the box to indicate the days your child/ren are to be escorted from the classroom to After School Care. **Note: If you have a P/PK student who will attend from Noon until 5:30 p.m., please write "Full" in the box to indicate the day.**

Child's Name	Grade	Monday	Tuesday	Wednesday	Thursday	Friday
1.						
2.						
3.						

Daily Rates: Hourly rate NOT applicable

Office Use:

After School Care	Pick-up Time	Fee	Description of Fee	Days	Charge
Scheduled Daily Rate: Mon-Thurs	Preschool/ Pre-K	3:30 p.m.	\$15	Total Days Pre/PK @ \$15	\$
		5:30 p.m.	\$25	Total FULL Days Pre/PK @ \$25	\$
	K-8th Grades	5:30 p.m.	\$15	Total Days K-8 @ \$15	\$
Half Days & Fridays	Preschool- 8th Grades	\$25	Total Half Day/Fri @ \$25	\$	
LATE PICK-UP FEE		\$10 per every 15 minutes after closing time.	Total Charge for the Week	\$	
Application Fee	There is a one-time application fee of \$35 per school year		Annual Registration Fee @ \$35	\$	
			Grand Total	\$	

Charges will be entered into FACTS after use of the After School Care program to be paid automatically.

Parent Signature: _____