

After School Program

Cycle 6 Regular Day

Please fill out the form below and send in with payment **PRIOR** to your child attending the first day of the cycle.

Student Names _____

Teacher _____

Parent Name: _____ Parent Signature: _____

Phone Number _____ Cell Number: _____

Authorized to pick up: _____

4 days/ week: (17)

3 days/week: (12)

2 days/week: (10)

1 child = \$10/day

1 child \$ 170

1 child \$120

1 child \$100

2 children = \$18/day

2 children \$306

2 children \$216

2 children \$180

3 children = \$26/day

3 children \$442

3 children \$312

3 children \$260

_____ days X \$_____ /day = \$_____

Cycle 6: Jan. 4 - Feb. 2

Monday	Tuesday	Wednesday	Thursday	Friday
No School	No School	4	5	X
9	10	11	12	
No School	17	18	19	X
23	24	25	26	X
30	31	1	2	X

*****Please initial days student will be in attendance.**