

After School Program

Cycle 6 PM TOPS

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 = \$7/day

1 child \$ 119

1 child \$84

1 child \$70

2 children = \$13/day

2 children \$221

2 children \$156

2 children \$130

3 children = \$19/day

3 children \$323

3 children \$228

3 children \$190

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

Cycle 6: Jan 4 - Feb. 2

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
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.**