



After School Monthly Enrollment Form May 6th – May 31st, 2019

For Office Use Only	
Rec. Date: _____	F.D. Initials: _____
Paid Amount: _____	
Total Discount: _____	
Account #: _____	
PAID: _____	

Step One: Provide the following

MEMBER

*1st Child \$18 per day - 2nd Child \$16 per day
1st Child \$75 per week - 2nd Child \$70 per week*

GUEST

*1st Child \$25 per day - 2nd Child \$23 per day
1st Child \$110 per week - 2nd Child \$105 per week*

Transportation: **YES** **NO**

Parent/Guardian Name: _____

Step Two: Complete program registration

1st Child: _____ **Grade:** _____ **School:** _____
Last First

Allergies/Medications: _____ **Sex:** **MALE** **FEMALE**

Please mark either <i>FULL WEEK</i> OR check the specific dates your child will be attending.					
FULL WEEK	Mon, May 6	Tue, May 7	Wed, May 8	Thu, May 9	Fri, May 10
FULL WEEK	Mon, May 13	Tue, May 14	Wed, May 15	Thu, May 16	Fri, May 17
FULL WEEK	Mon, May 20 <small>private school only</small>	Tue, May 21 <small>private school only</small>	Wed, May 22 <small>private school only</small>	Thu, May 23 <small>private school only</small>	Fri, May 24 <small>private school only</small>
FULL WEEK	No programming for Memorial Day	Tue, May 28 <small>private school only</small>	Wed, May 29 <small>private school only</small>	Thu, May 30 <small>private school only</small>	Fri, May 31 <small>private school only</small>

2nd Child: _____ **Grade:** _____ **School:** _____
Last First

Allergies/Medications: _____ **Sex:** **MALE** **FEMALE**

Please mark either <i>FULL WEEK</i> OR check the specific dates your child will be attending.					
FULL WEEK	Mon, May 6	Tue, May 7	Wed, May 8	Thu, May 9	Fri, May 10
FULL WEEK	Mon, May 13	Tue, May 14	Wed, May 15	Thu, May 16	Fri, May 17
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FULL WEEK	No programming for Memorial Day	Tue, May 28 <small>private school only</small>	Wed, May 29 <small>private school only</small>	Thu, May 30 <small>private school only</small>	Fri, May 31 <small>private school only</small>

1st Child Total:	\$	Late Pick Up Fee \$1.00 per minute Monday – Friday after 6pm
2nd Child Total:	\$	
TOTAL TO BE CHARGED:	\$	

Payment Method (Please check one.) <input type="checkbox"/> Check (enclosed) <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Card on file

Credit will only be given with a doctor's note. Cancellations or changes to the dates selected must be made by the Wednesday prior.
 Card on File Option will be charged Fridays for the following week.