



# After School Yearly Enrollment Form 2019-2020 School Year

For Office Use Only  
Rec. Date: \_\_\_\_\_ F.D. Initials: \_\_\_\_\_  
Account #: \_\_\_\_\_

**Before filling out this form please read the following:**

**If your child(ren) attends the JEA for After School consistently and you would like to keep their schedule the same each month, please fill out this Yearly Enrollment Form. If you wish to change their schedule after submitting this form, you must notify us by emailing [kids@savj.org](mailto:kids@savj.org) NO LATER than the Wednesday prior to the schedule change. Cards on file will be charged every Friday for the following week. Credit will only be given with a doctor's note. Cancellations or changes to the dates selected must be made by the Wednesday prior.**

**Choose one of the following:**      JEA Member              JEA Guest

**1st Child's Name:** \_\_\_\_\_

**Please mark what days your child will be attending each week for the school year:**

Monday      Tuesday      Wednesday      Thursday      Friday

**2nd Child's Name:** \_\_\_\_\_

**Please mark what days your child will be attending each week for the school year:**

Monday      Tuesday      Wednesday      Thursday      Friday

***By filling out this form and signing below, I understand that my card on file will be charged weekly for the schedule selected above and that cancellations and changes to the dates selected must be made by the Wednesday prior.***

**Parent's Name (Printed):** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

