

CENTRAL PRIVATE SCHOOL AFTERCARE PROGRAM

Parents Name: _____

Address: _____

Phone (home, work & cell)

Dad Home _____	Work _____	Cell _____
Mom Home _____	Work _____	Cell _____

Student/s name: _____	Grade: _____	Pick-up time: _____
_____	_____	_____
_____	_____	_____

My weekly rate according to the above information provided will be: \$_____.

I understand and agree that this rate will be charged on a monthly basis. If for some reason I am no longer in need of aftercare services **I will notify the aftercare director and the business office within one week for billing to be stopped.** I also understand and agree that a late fee at the rate of \$10.00 after the pick-up time of 5:35 p.m. will be charged per child and \$20.00 after 6:00 p.m. **Any aftercare account that becomes delinquent by 1 (one) month will be subject to dismissal from aftercare.**

The following people are authorized to pick up the above child/children:

_____ Phone _____
_____ Phone _____
_____ Phone _____

Parents Signature: _____

Date: _____
