

**AFTERCARE PROGRAM 2021-2022**

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (cell, home & work &):

Mom Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Dad Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Student(s) name: \_\_\_\_\_ Grade: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Weekly Rate - Please check your weekly rate**  
**2:35 PM - 5:30 PM**

- \_\_\_ \$40 - One Student
- \_\_\_ \$55 - Two Students
- \_\_\_ \$70 - Three Students

**Daily Rate - Please check your daily rate**

- \_\_\_ \$20 - One Student
- \_\_\_ \$30 - Two Students
- \_\_\_ \$40 - Three Students

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:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please initial:**

\_\_\_\_\_ I agree to abide by any School Safe Return Protocols related to COVID that Central Private may deem necessary to implement or due to government mandates for the 2021-2022 school year.

\_\_\_\_\_ I agree to have my child placed in a secondary group of students in the aftercare program.

**Parents Signature:**

**Date:**

\_\_\_\_\_

Please email this form to [jcolston@centralprivate.org](mailto:jcolston@centralprivate.org) or turn in to your child's teacher.