

**AFTERCARE PROGRAM 2020-2021**

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

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

Phone (home, work & cell):

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Weekly Rate** - Please check your weekly rate below

**2:35 - 4:40 PM**

\_\_\_\_ \$35 - One Student

\_\_\_\_ \$50 - Two Students

\_\_\_\_ \$65 - Three Students

**2:35 - 5:30 PM**

\_\_\_\_ \$40 - One Student

\_\_\_\_ \$55 - Two Students

\_\_\_\_ \$70 - 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 the Central Private School Safe Return Protocols and have completed the [Central Private Health and Wellness Pledge](#) and the [Safe Return to Extended Care Agreement](#).

\_\_\_\_ 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 [kcupit@centralprivate.org](mailto:kcupit@centralprivate.org) or turn in to your child's teacher.