

AFTERCARE PROGRAM

Parent's Name: _____ School Year: _____

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 2:30 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.

_____ 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 bcouvillon@centralprivate.org or turn in to your child's teacher.