

**Bridges 2010-2011
After School Care
Registration and Contract**

___ **Full-time After School Care (4-5 days/week)** \$1,755/yr. or \$195/mo. (Aug.-April)
 Monday Tuesday Wednesday Thursday Friday

___ **Part-time After School Care (1-3 days/week)** \$1,485/yr. or \$165/mo. (Aug.-April)
 Monday Tuesday Wednesday Thursday Friday

Child's Name _____ Rising Grade _____ Any Allergies? _____

Child's Name _____ Rising Grade _____ Any Allergies? _____

Child's Name _____ Rising Grade _____ Any Allergies? _____

Home Address _____ City _____ Zip _____

Home Phone _____

Parent's Names _____

Work Phone: Mom _____ Dad _____

Cell Phone: Mom _____ Dad _____

Person's name to appear on bill _____

Emergency Contacts (other than parents):

1. Name _____ Day Phone _____

2. Name _____ Day Phone _____

Persons other than parents who have permission to pick up my child:

1. Name _____ Relationship _____

2. Name _____ Relationship _____

From 'Policies and Procedures' Form:

Invoicing will be based on the contract you select and payment will be due in advance on the 25th of each month. Example: Payment for September use will be due August 25th. If payment is not received by the 25th of the prior month, your child(ren) will not be able to participate in the program. Fees for The After School Program should be made payable to The Franciscan School and the bottom of the check should be labeled After School Program. **Past Due accounts will incur a \$10.00 late fee per month. Checks returned "NSF" will be assessed a \$15.00 processing fee.**

Parent Signature

Date

By signing this contract, I acknowledge that I have read and agree to the terms on the 'Policies and Procedures' form.

Please accompany \$20.00 registration fee with registration.

For Office Use Only:

Date registration was paid _____ Ck.# _____ Rec'd _____

Reg./Contract Due Date: Friday, June 4th

Rev. 4/10