

2009-2010 After School Care Enrollment Form



Please fill out one form for each child

Please fill in all shaded areas

Child's Name: _____

Grade: _____

Parent's Name(s): _____

Month you wish the Scheduled ASC status to begin: _____

Days and times needed (write in time of day next to day - ie; 3:00-5:30)

(Note: ASC is considered any time before 8:00am and any time after 11:30 for K3, after 12:00 for K4 and K5H or after 3:00 for all others.)

Morning ASC

M _____ T _____ W _____ Th _____ F _____

Afternoon ASC

M _____ T _____ W _____ Th _____ F _____

Days and hours needed (write in hours next to day - ie; 2.5)

M 3 T 0 W 0 Th 0 F 0 **Total (add up all 5 days):** 3

The cost of ASC will be determined by the following guidelines:

- A) Full time (5 days / week), the Days / Month Avg of 18 days will be used as the basis
- B) The average number of hours each day will be applied to the 18 day month
- C) The cost / hour is \$2.25 for Scheduled ASC only

Amount Due Each Month: $\frac{3}{\text{Total Hours from above}} / 5 \times \$2.25 \times 18 \text{ days} = \24.30

Parent's Signature(s): _____

Date: _____

Changes to this agreement may be made on a monthly basis. Please return this registration form to your child's teacher by the 10th of the previous month (ie; if you want to change your hours for November, please turn in your new form by October 10).