

Hours of Operation: 3:00pm - 5:30pm

Cost per/day: \$10.00

*** Billed through incidentals account on FACTS ***

Student(s) Name & Grade

1. _____
2. _____
3. _____

Authorized Pick Up (Include yourself)

Name	Relationship	Cell Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Known Allergies: _____

- I understand that my child must be signed out upon departure by one of the authorized pick up contacts listed above.
- I understand that each day my child attends aftercare is \$10.00.
- I understand that a late fee of \$1.00 per minute will be charged beginning at 5:30pm.
- I understand that my child may be removed from the aftercare program if his/her behavior violates the safety of other children/staff. In these circumstances, I understand that a parent or authorized pick up contact listed above will pick up my child within 30 minutes of notification.

Parent/Guardian Signature: _____

Date: _____

*** PLEASE TURN THIS FORM INTO THE FRONT OFFICE ***