

After School at

Christ the King Catholic School

Family Name:		Start Date:
Mom/Guardian Name and Phone		Dad/guardian Name and Phone:
Street Address:		
Email Address:		
Children's Names (ages):		
*Provide a separate blue card for each child in case of emergency.		

Registering for (please indicate which days):		Cost per child	
	___ 5 day	\$200	
	___ 4 day __M __T __W __Th __F	\$180	
	___ 3 day __M __T __W __Th __F	\$150	
	___ 2 day __M __T __W __Th __F	\$110	
	___ 1 day __M __T __W __Th __F	\$60	
	___ Drop In per occurrence (Registration and Blue Card on file)	\$30	
Subtotal			\$
Number of children		X ___	
Sibling Discount	Less 10% of total		\$
Monthly payment, on the 1 st of every month, in advance. 30 day notice required to decrease contract. Please contact the coach if you need to increase your contract. August, December and Spring Break are prorated.			\$
One time AfterSchool registration fee to set up FACTS accounting			40.00
<p>By allowing your child to attend AfterSchool you are agreeing to</p> <ul style="list-style-type: none"> • Automatically pay the above fees separate from school tuition on the 1st day of every month through your FACTS account. School Tuition Organizations Scholarships do not apply to the AfterSchool fees. • Help your child follow the rules so that this is a cooperative environment, and • Communicate with the coach if you have any concerns • Arrive to pick up your child no later than 6:00 pm 			
Signature _____		Date _____	