

AFTER CARE FORM

DATE ____/____/____

NAME OF CHILD _____

DATE OF BIRTH _____

I AM AWARE THAT THE COST FOR **AFTER CARE IS \$75.00 PER MONTH** WHEN CONTRACTED ON A MONTHLY BASIS OR **\$10.00 ON A DAY TO DAY BASIS** AND **WILL BE APPLIED PROMPTLY AT 4:00 P.M.**

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

YES, PLEASE ENROLL MY CHILD IN CONTRACTED AFTER CARE. I WILL INCLUDE THE MONTHLY FEE OF **\$75.00** WITH MY MONTHLY TUITION PAYMENT, AS PER THE PAYMENT SCHEDULE.

OR

NO, I AM NOT ENROLLING MY CHILD IN CONTRACTED AFTER CARE. I UNDERSTAND THAT I WILL BE CHARGED THE DAILY RATE OF **\$10.00 PER CHILD PER DAY** IN THE CASE THAT MY CHILD IS PICKED UP AFTER 4:00 P.M.

PARENTS SIGNATURE _____

DATE ____/____/____