

AFTER CARE RESERVATION FORM

After School Care (ASC) | 3:10-6 p.m. Monday, Tuesday, Thursday, Friday

Please complete this monthly calendar and return to the school office by the 25th of the prior month to ensure your spot in the program.

After Care: If student(s) is picked up before 4:30 p.m., the cost is \$3. The cost is \$6 if picked up after 4:30 p.m.

Payment: Bills will be sent out every other week. If we do not receive payment in full after 30 days your child will no longer be able to attend.

Student name(s): _____

Today's date: _____

For the month of: _____

Monday	Tuesday	Wednesday	Thursday	Friday
		X		
		X		
		X		
		X		
		X		