

AFTER SCHOOL CARE PRE-REGISTRATION FORM

Canal Street Campus

Student's Name: (Please print.) _____

Grade: _____

Please select one of the following options:

_____ **EVERY DAY**

Rate: \$150 per month payable on the first day of the month

_____ **CERTAIN DAYS OF THE WEEK**

Please indicate which day(s) of the week by checking all that apply.

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Rate: \$10 per day times the number of days of service payable weekly
on the first day of the week that the service is used.

_____ **RANDOM AS NEEDED**

Rate: \$10 per day payable on the day of service.

Parent's Signature: _____

Date: _____