

Maranatha Christian Schools

# Extended Care Registration

Open for 3 weeks: May 28<sup>th</sup> - June 14<sup>th</sup>

## 2019 Registration Form

Please fill out information below and write down any allergies or asthma your child may have. All payments must be prepaid or paid at PICK UP. Hours of operation are 8:00am to 4:30pm in room C110A. Late charges will be applied \$2.00 per min per child for every minute past 4:30pm.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph# \_\_\_\_\_ Work Ph# \_\_\_\_\_

Cell # \_\_\_\_\_ 2nd Cell # \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

**TK- 6<sup>th</sup> Grade - Open at: 8:00am-4:30pm (8.5 hours)** \_\_\_\_\_

Hourly drop off is \$8.00 per hour daily rate (8.5 hours) \$68.00 daily

First Week rate is \$8.00 per hour per child (4 days) full payment \$272.00 (1wk.)

Second Weekly rate is \$8.00 per hour (5 days) full payment \$340.00 (1wk.)

Full Two Weeks rate is discounted @ \$7.00 per hour (9 days) full payment \$535.50 (2wks.)

Full Third Week rate is discounted @ \$6.00 per hour (14 days) paid in full \$714.00 (3wks.)

Date: \_\_\_\_\_ Total Amount \_\_\_\_\_

Circle Method of Payment: \_\_\_\_\_

Visa      MasterCard      Amex      Check      Cash

Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Card Signature: \_\_\_\_\_

Check if applies: Allergies \_\_\_ Asthma \_\_\_ Epi \_\_\_ Bee Stings \_\_\_ Peanuts \_\_\_

Write down what your child's allergies or asthma? \_\_\_\_\_

**All Payment** is required at pick up time, no exceptions. Please bring credit card, cash, or check when you are picking up your child every time. Any questions or concerns please contact Julie Elliott @ (858) 354-5727 or email: [julie.elliott@maranathachristianschools.org](mailto:julie.elliott@maranathachristianschools.org)