

Maranatha Christian Schools
TK-After Care (TKAC)

Registration Form 2019-20

Please fill out information and turn in TKAC. Write down any allergies or asthma your child may have. All payments must be paid at PICK UP or prepaid in advance online. Hours of operation are 12:45 to 4:30pm in room T102. Late charges are **\$2.00 per minute per child after 4:30pm.**

Student Name: _____ Teacher: _____

Address: _____

City: _____ Zip Code: _____

Cell # _____ 2nd Cell # _____

E-mail: _____

Signature of Parent / Guardian: _____

1st Quarter 08/21/19 – 10/18/19 (8.4 weeks)

Transitional Kindergarten Hours of Operation (3 ¾ hours daily) 12:45- 4:30pm

Paid in Full for Quarter **\$6.00 per hour** (pay for 3hrs. get 45 minutes free) **\$792.00 per qtr.**

Daily drop in rate of **\$7.00 per hour** (4 hrs.) must be paid at pick up time **\$28.00 per day**

Date/Day: _____ Hours: _____ Amount Due: _____

Permission to Pick Up Names:

Circle Method of Payment:

Visa MasterCard Amex Check Cash

Credit Card # _____

Exp. Date: _____ Digit Code _____ Zip 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 pick up your child every time. Any questions or concerns please contact Ms. Elliott, Director of TK-AC @ (858) 354-5727 or email: **julie.elliott@maranathachristianschools.org**