

Maranatha Christian Schools

TK – After Care (TKAC)

Registration Form 2020-21

Please fill out information and turn in to ASCP. All payments must be paid at PICK UP or prepaid in advance. **Late charges apply \$2.00 per minutes per child past 6:00pm.**

Student Name: _____ Teacher/Grade: _____

Address: _____

City: _____ Zip Code: _____

Cell # _____ 2nd Cell # _____

E-mail: _____

Signature of Parent/Guardian _____

1st Quarter **09/8/20 – 11/6/20 (9 weeks)**

1st 4 weeks “TK Kick-Off” will be free from 12:15 – 3:00pm

Daily drop-in care **\$9.00 per hr.** must paid at pick up time

Paid in Full per Quarter **\$6.00 per hr.** (1) Half days in school included qtr. Two Options:

Pick up by 4:30 \$750.00 per quarter or **Pick up by 6:00 \$1,146 per quarter**

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

Permission to Pick Up Name:

Circle Method of Payment:

Visa

MasterCard

Amex

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 Payments is required at pick up time, no exceptions. Please bring credit card, cash, or check when picking up your child every day if not prepaid. Any concerns or questions please contact Mrs. Barnard, Director of ASCP/TK & QZ @ (858)759-9737 or Email: carrie.barnard@maranathachristianschools.org