

Maranatha Christian Schools

After School Care Program (ASCP) K-5th

Registration Form 2019-20

Please fill out information below and turn in ASCP. Write down any allergies or asthma your child may have. All payments must be paid at PICK UP or prepaid in advance. Hours of operation are 3:00 to 6:00pm RM C110. **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 _____

3rd Quarter

1/6/20 – 3/13/20 (9 weeks)

Hours of Operation 3:00pm -6:00pm (3 hrs.)

Half Days 12:15pm-6:00pm (5.75 hrs.)

Daily drop-in care	<u>\$9.00 per hr.</u> must paid at pick up time	<u>\$27.00</u>	<u>daily rate</u>
Multi Days per Week	<u>\$8.00 per hr.</u> must prepay entire Qtr.	<u>\$120.00</u>	<u>weekly rate</u>
Paid in Full for Quarter	<u>\$6.00 per hr.</u> with (3) Half days of school included qtr.	<u>\$810.00</u>	<u>per quarter</u>

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 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 Ms. Elliott, Director of ASCP/TK & QZ at (858)354-5727 or Email: julie.elliott@maranathachristianschools.org