

Maranatha Christian Schools

After School Care Program (ASCP) K-5th

Registration Form 2020-21

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 are 3:00 to 6:00pm.

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

1/25/21 – 4/1/21 (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>
Paid in Full for Quarter	<u>\$6.00 per hr.</u> with (1) Half days of school included qtr.	<u>\$774.00</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 Mrs. Barnard, Director of ASCP/TK & QZ at (858)759-9737 or Email: carrie.barnard@maranathachristianschools.org