

# Maranatha Christian Schools

## TK-After Care (TKAC)

### Registration Form 2018-19

Please fill out 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 RM C109. **Late charges are \$2.00 per minute per child after 4:30pm.**

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_ 2nd Cell # \_\_\_\_\_  
E-mail: \_\_\_\_\_

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

**2<sup>nd</sup> Quarter** **10/22/18 –12/21/18 (8 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) **\$684.00 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 Name: \_\_\_\_\_

**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](mailto:julie.elliott@maranathachristianschools.org)