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:					
ty:Zip Code:					
Cell #	2nc	l Cell #			
E-mail:					
Signature of Parent / Guardian: _					
3 rd Quarter	<u>.</u>	L/6/20 –3,	/13/20	(9 weeks)	
Transitional Kindergarten H	ours of Oper	ation (3 ¾ h	ours daily)	12:45- 4:30pm	
Paid in Full for Quarter \$6.00 per hour (pay for 3hrs. get 45 minutes free) Standard Paid in Full for Quarter \$6.00 per hour (pay for 3hrs. get 45 minutes free) Standard Paid in Full for Quarter \$6.00 per hour (pay for 3hrs. get 45 minutes free) \$810.00 per qtr. \$28.00 per day					
Date/Day:	Hou	Hours:		Amount Due:	
Permission to Pick Up Name	s:				
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 alle	ergies or asthm	a?			

<u>All Payment</u> 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: <u>julie.elliott@maranathachristianschools.org</u>