

# Maranatha Christian Schools

## After School Care Program (ASCP) K-5<sup>th</sup>

### Registration Form 2020-21

Please fill out information below and turn into 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 \_\_\_\_\_

### 2<sup>nd</sup> Quarter

**11/9/20 – 1/22/21 (7 1/2 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>\$665.00</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](mailto:carrie.barnard@maranathachristianschools.org)