

Maranatha Christian Schools

After School Care Program (ASCP)

Registration Form 2018-19

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: _____
Home # _____ Work # _____
Cell # _____ 2nd Cell # _____
E-mail: _____

Signature of Parent / Guardian _____

4th Quarter

3/11/19 – 5/23/19 (10 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>\$6.50 per hr.</u> with (3) Half days of school included qtr.	<u>\$916.50</u>	<u>per quarter</u>

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 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