

Maranatha Christian Schools

TK – After Care (TKAC)

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.

Late charges apply \$2.00 per minutes per child past 4:30pm.

Student Name: _____ Teacher/Grade: _____

Address: _____

City: _____ Zip Code: _____

Cell # _____ 2nd Cell # _____

E-mail: _____

Signature of Parent / Guardian _____

2nd Quarter

11/9/20 – 1/22/21 (7 1/2 weeks)

Hours of Operation 12:45pm -4:30pm (3 ¾ hours)

Daily drop-in care \$9.00 per hr. must paid at pick up time

\$27.00 daily rate

Paid in Full for Quarter \$6.00 per hr.

\$648.00 per quarter

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