

August & September 2017
CWC After School Program

Classroom- Teacher

The Citizens of the World After School Program will be offered to students Mondays through Fridays from dismissal to 6:00pm.

*ALL FAMILIES MUST SUBMIT A FORM EVERY MONTH, if they would like to participate in ASP. Please complete and return this form by **Thursdays August 24th**. For the safety of our students, it is vital for our program to have accurate student rosters. Late forms complicate program operations and will be assessed a fee of \$15 and may delay a child's participation in the program. ASP ends promptly at 6:00pm. Late pick-up (anytime after 6pm) will be subject to late fees of \$1.00 per extra minute. After 2 10 minutes or more late pick-ups, a child will be temporarily removed from the program.

Parent Name: _____ **Phone Number:** _____

Student Name: _____ **Grade:** _____ **Classroom Teacher** _____

Email: _____

Please check the box that applies to you. Make sure all sections are complete.

	Cost for Unlimited	Cost Per Day/ or Drop In
Full Price Lunch	\$276.15 per month	\$21 per day/\$22 on Wednesdays
Reduced Lunch	\$100 per month	\$10.50 per day/\$11 on Wednesdays
*Qualifies for Free Lunch	*\$10.50 per month	\$1 per day
Families with multiple students receive a 20% discount for each additional sibling, but only if they enroll in unlimited.		

My child will be dropping in to ASP on the following dates for the month of August/Setpetmber (check all that apply):

Monday	Tuesday	Wednesday	Thursday	Friday
28	29	30	31	1
4- No School	5	6	7	8
11	12	13	14	15
18	19	20	21- No School	22
25	26	27	28	29

*Please mark here _____ if your child is in Sibling Care only- **MUST be picked up by 3:15.**

Drop in Calculations: **total days** _____ x **price per day** _____ = \$ _____

If my child participates in a day of ASP without signing up in advance, I will be charged the drop in rate.

I agree to the terms and conditions of the After School Program

Parent Signature: _____

Date: _____

Please allow the following adults to pick up my child from the After School Program (MUST be over 18):

Payment: Amount: _____

Payment Method- Cash\$ _____ Check # _____ \$ _____ Charge my account on file (Procure) \$ _____