

AFTER SCHOOL CARE PROGRAM AGREEMENT

I, _____, agree to pay \$3.00 per day per child for the
(Parent or Guardian)

After-school care for my child(ren), _____.
Name of Child(ren)

I agree that my child(ren) will participate in after-school care between 3:30 p.m. and 6:00 p.m.
(Mondays-Fridays).

I understand that I must pick-up my child(ren) on or before the closing time; if not, I will be charged
an additional \$3.00 fee per child, and for each 15-minute interval of time.

I agree to pay the weekly or monthly fee for after-school care **in advance**, and based on the
following fee schedule:

RATES SCHEDULE	AMOUNT
Daily	\$6.00 per child
Weekly	\$30.00 per child
Monthly	\$120.00 per child

Money orders or checks should be made payable to the after-school provider: Quintina Thomas

Home Phone Number: _____ Cell Phone Number: _____

IN CASE OF EMERGENCY: Contact Name: _____ Phone Number: _____

Parent's/Guardian's Signature: _____