

Office Use Only	
Amount Paid \$	_____
Chk#	_____/CASH
ASE	ASF

AFTER SCHOOL CARE ENROLLMENT FORM 2010/2011

EARLY EDUCATION DEPARTMENT AND ELEMENTARY GRADES 1-5

ASC Enrollment Fee: \$45.00 per child, or \$60.00 per family
Enrollment Fee due with application

- **Spaces are limited**
- **No drop-in's**
- **No substituting one day for another**
- **The same days must be used each week**

Student's Name _____ Grade to enter this fall _____

Parent's Names _____

Street Address _____

City/State/Zip _____ Home Phone _____

Dad's Work Phone _____ Cell Phone _____

Mom's Work Phone _____ Cell Phone _____

Please check (✓) all that apply

Monday Tuesday Wednesday Thursday Friday

		Monday	Tuesday	Wednesday	Thursday	Friday
P3 through K5 (12:00 – 5:30)	\$16.00/day					
P3 through K5 (12:00 – 2:30)	\$8.00/day					
1 st through 5 th grade (2:30 – 5:30)	\$9.00/day					
P3 through 3 rd grade (2:30 – 3:00)	\$2.25/day					

ASC Start Date _____ ASC Stop Date _____

STATEMENT OF COOPERATION

- I understand that After School Care payments are due each Monday to pre-pay for that week's childcare. Payments can also be made on a monthly basis, due by the 10th of the month. If ASC payments become more than 2 weeks behind, my child will be removed from the After School Care program until my balance is caught up.
- I understand and agree that continued enrollment and re-enrollment of my children in the After School Care program of MZCS is dependent on my parental support of the school, its staff, and its policies.
- I understand that withdrawal from the After School Care program during the school year will require re-enrollment (including the ASC Enrollment Fee) each time I re-enroll in ASC.
- **I understand that I am required to pay my weekly ASC prepayment, for the days I have reserved, whether or not my child attends. There will be no adjustment to charges due to inclement weather or student absence.**

I have read and support the above statements of cooperation:

Parent's Signature _____ Date _____