

REFERENCE FOR ADMISSION - D

FOR ELEMENTARY - K-5



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AFTER SCHOOL REGISTRATION FORM 2010 - 2011 SCHOOL YEAR

Yes, we would like to enroll our child in RSCA After School Program for _____ day(s) per week.
 Please bill us: ANNUALLY MONTHLY for the After School Tuition

Personal Information

Child's Name: _____ RSCA Grade: _____

Parent Name: _____ Sex (Circle One): Male / Female

Home Phone: _____ Work Phone: _____

Cell Phone / Pager: _____ Email: _____

Pre-School Day Care Information

PROGRAM	1 DAY PER WEEK	2 DAY PER WEEK	3 DAY PER WEEK	4 DAY PER WEEK	5 DAY PER WEEK
Early Afternoon until 4:30 PM	\$6	\$12	\$18	\$24	\$30
Late Afternoon until 6:00 PM	\$8	\$16	\$24	\$32	\$40
*Unscheduled Daily Rate		\$12 per day			

LATE PICK-UP FEE: Parents will be charged a dollar per minute, per child, after 4:00 PM.

Any known Allergies: _____

There will be no After School Care on any days when school is not in session including inclement weather days and early dismissal days. Additionally, all students who are not picked up from carpool within the specified time-frame will automatically be sent to After School where the Unscheduled Daily Rate will apply. I (We) understand that my child must be signed out of After School Care by a parent or one of the following persons authorized by me (us):

I (We) understand that I (We) will be responsible for After School Care tuition at the time of billing or my (our) child will not be allowed to attend After Care the following month. I (We) understand there are no refunds for missed days.

 Parent / Guardian Signature

 Date