



Please complete the following for Before and/or After Care needs. This information is used to ensure appropriate staffing in the classroom at these times. Before and After Care charges are based on actual usage.

Child Name: _____

Parent Name (s): _____

Please check days needed: Monday____ Tuesday____ Wednesday____ Thursday____ Friday____

Please check times needed:

Before Care

\$5 per half hour

7:30-8:00 a.m.	
8:00-8:30 a.m.	

After Care

\$5 per half hour

3:30-4:00 p.m.	
4:00-4:30 p.m.	
4:30-5:00 p.m.	
5:00-5:30 p.m.	

Other Notes:
