

AM AND PM CARE SIGN-UP

(List from oldest to youngest)

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Family Name if different from student _____

CHECK ONE

Daily Rates ** **AM** _____ **PM** _____

A minimum deposit of \$50 (1 child), \$75 (two children) or more is required to be placed on account for the use of AM or PM Services.

or

Monthly Rates **AM** _____ **PM** _____

August Monthly Rate due for deposit

1st Semester - August – December, 2015

When the account falls to - 0 - , a reminder will be sent home to bring the account to a current status.

I would like to receive my AM/PM Statements via:

_____ paper bill, send with my child _____ in _____ Grade/Teacher

_____ email, my address is: _____

Parent Signature

Date

Deposit _____ Check # _____ Cash _____ Date _____

Rec'd by: _____