## **Before and After Care Application**

**Hours of Operation:** 

**K-8** Morning Session Available from 7:00am - 8:05am Mon-Fri

## Kindergarten - 8th Grade students

Cost:

School Year

\$6.00 (includes snack) \*Drop in rate \$7

K-8 Afternoon Session Available from 3:15pm - 6:00pm Mon-Fri			\$8.00 (includes snack) * Drop in rate \$10 (Rates subject to change)	
(The Summer Day (	\$150.00 per family max	ed to the academic		and After Care enrollment fee,
the program. Fill or prior to needing co you choose. The a room or returned b attend. You will be account.	ergarten through 8 <sup>th</sup> grade who ut the enrollment information b ure. Your enrollment fee should	pelow (one form per d be attached or it m e dropped off at the d up for the days and ign up for. Advance	family) and renay be billed school officed sessions that dilling will b	eturn it as soon as possible, in your Brightwheel account if e, in the Before and After Care t you plan to have your child e done in your Brightwheel
	1st Child's Name/Grade	2 <sup>nd</sup> Child's Nam	<u>e/Grade</u>	3 <sup>rd</sup> Child's Name/Grade
Monday	// Morning session Afternoon session	Morning ses Afternoon se		Morning session Afternoon session
<u>Tuesday</u>	Morning session Afternoon session	Morning ses Afternoon se		Morning session Afternoon session
Wednesday	Morning session Afternoon session	Morning ses Afternoon se		<pre> Morning session Afternoon session</pre>
<u>Thursday</u>	Morning session Afternoon session	Morning ses Afternoon se		<pre> Morning session Afternoon session</pre>
<u>Friday</u>	Morning session Afternoon session	Morning ses Afternoon se		Morning session Afternoon session
	fixed cost of running the progra			be no refunds for absences for equired for a permanent
www.oursaviorlansing.c may result in the exclus	rmation in the K-8 Student & Fa org) and agree to support the i sion of my child from Before ar of my child from Before and Aft	nformation and police and After Care. I under	cies. I unders	tand that my failure to do so
reports, special investig	gation reports and all related cousiness hours. Reports from at	orrective action plar	ns and that it	
Parent's names & Dayt	ime Phone numbers:			
Parent's signature		Date		

(For office use) Date \_\_\_\_\_ Amount \_\_\_\_ Ck# \_\_\_\_