



CROSSROADS CHRISTIAN SCHOOL

After-School Care Contract

2008-2009

Date: _____

Name of Student: _____ Age: _____

Grade: _____ Teacher: _____

Name of Parent(s): _____ Home Phone: _____

Cell Phone: _____

DAYS PER WEEK NEEDED (please circle number): 1 2 3 4 5

MONTHS NEEDED (check all that apply):

Aug

Sep

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

Full-time (5 days per week)

Part-time (1-2 days per week)

COSTS:

	One child	Two children	Three children
Full-time (MONTHLY RATE):	\$165.00	\$145.00	\$125.00
Snack fee:	\$5.00	\$5.00	\$5.00
	\$170.00	\$150.00	\$130.00

Part-time: ----- \$9.25 per day/per child -----

PAYMENT DUE

1st day of each month
(10% late fee will be charged after the 1st day.)

LATE PICKUP (after 6:00 p.m.): \$1.00 per minute due at time of pickup.

NO REFUNDS: Money paid for monthly or part-time attendance cannot be refunded.

Parent/Guardian Signature

Date