CROSSROADS CHRISTIAN SCHOOL

After-School Care Contract

2009-2010

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