



# CROSSROADS CHRISTIAN SCHOOL

## After-School Care Contract

2010-2011

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 \_\_\_\_\_

Full-time (5 days per week)

Part-time (1-2 days per week)

### COSTS:

	First Child	Second Child
<b>Monthly Rate</b>	\$210	\$190
<b>Additional Options</b>		
<b>Part-Time</b>	\$13 per day per child	
<b>Half-Days</b>	\$20 (11:30 a.m. dismissal)	
<b>Full Days</b>	\$32 (Teacher Workdays/Holidays)	

**PAYMENT DUE:** 1<sup>st</sup> day of each month

**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