



# CROSSROADS CHRISTIAN SCHOOL

## After-School Care Contract

2011-2012

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