

After School Express Sign Up

Child's Name _____

Please Sign My Child Up For ASE

(Circle One below)

Yes

No

Monday through Friday from 2:30-6:00

Holidays and non-school days from 8:00am-6:00pm

Ages 5-13

Regular School Week is \$75.00* (discount program available \$50 For Self-Pay)

Non-School days are \$30.00/day or \$125.00 per week

Any previous balances must be paid prior to acceptance

I give permission for my child's report card to be photocopied for grant purposes and to help determine what areas need further attention.

Yes

No

I understand that my weekly payment will be \$_____ per child

For your convenience we can charge your debit or credit card weekly. If interested, fill out information below

Name on Card _____ Card # _____ Card Type _____ Expiration Date _____

Signature of Parent or Guardian _____ Date _____

Payment: Cash Check Debit/Credit Card (circle one)

Membership \$ _____

Deposit \$ _____

1st Week \$ _____

Total Amount Paid \$ _____

Check # _____ Receipt # _____ Date _____