



Before & After School Care Registration Form

2019–2020 Rates:

Please check the program you wish to register for:

Rates if your child is registered in advance (by Monday morning week of service)

- Monday-Thursday 3:00-6:00) \$8 per child, per day* or \$30 per week*
- Fridays: (1:00-6:00): \$15 per child, per day*
- Monday-Thursday late Pick-up (3:30-4:00): \$5 per child per day or \$15 per week
(After 4:00, daily rate will be charged)
- Morning Care (6:45-8:05): \$10 per child, per week

Starting September 3rd:

Rates if your child is not registered in advance (by Monday morning week of service)

- Monday-Thursday 3:00-6:00) \$12 per child, per day*
- Fridays: (1:00-6:00): \$20 per child, per day*
- Monday-Thursday late Pick-up (3:30-4:00): \$5 per child (After 4:00, daily rate will be charged)
- Morning Care (6:45-8:05): \$5 per child, per day

***After 6:00 pm, a late charge of \$5 for every 10 min will be added to the daily rate**

We are excited your learner(s) will be joining us for some after school adventures! Adventurers will engage in fun, hands-on activities designed to promote physical activity, exploration, collaboration, and creativity. Snacks are included in the rates above.

After School Care will not run on pupil-free days, school holidays/breaks, or school closure days due to weather.

By signing below, I agree to the following:

- Monthly invoices will be sent home on or around the 1st of each month for those who chose not to pay in advance. Payment should be made to the front desk within 5 days of receiving the invoice. Payment may be made via Credit card, cash, or check made to *iLEAD Spring Meadows*.
- Delinquent accounts exceeding 10 days will result in written notice. Delinquent accounts exceeding 15 days will result in a phone call. Delinquent accounts exceeding 30 days will result in suspension of service until the account balance is paid.

Learner Name: _____ Learner Name: _____
Learner Name: _____ Parent/Guardian Name: _____

Contact Name: _____ Phone Number: _____

Work Phone: _____ Home Phone: _____

Address: _____

Email: _____

Back Up Emergency Contacts: (other than guardian)

Contact Name: _____ Phone Number: _____

Work Phone: _____ Home Phone: _____

Contact Name: _____ Phone Number: _____

Work Phone: _____ Home Phone: _____

Contact Name: _____ Phone Number: _____

Work Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

