

# Monthly Aftercare Sign up

Students Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_ Teacher(s) \_\_\_\_\_

For the month of \_\_\_\_\_

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Please note: If you choose to pay monthly, you will be charged a flat rate of **\$375.00**. Days CANNOT be made up if the student is sick or snow days occur. Please make payment by check only.