

Edgerton Public After School Program Sign Up

This form, along with payment must be returned to Edgerton Public School before the first of each month. If payment is not received, your child will be unable to attend the program until payment is made.

Student Name: _____

Grade: _____

Parents' Name: _____

Contact #(s) during ASP hours: _____

Persons authorized to pick up my child(ren): _____

Allergies After School Staff should be aware of: _____

(Students will be served snack daily)

Please indicate with an "X", which days your child will attend the After School Program

Week	Monday	Tuesday	Wednesday	Thursday
Oct 1-4				
Oct 8-11				
Oct 15-16			X	X
Oct 22-25				
Oct 29- Nov 1				

Amount Enclosed: _____

<u>RATES</u>	<u>Additional Children</u>
\$50/month	\$40/month 2 nd child
\$15/week	\$30/month 3 rd child and each additional child
\$4/day	
\$10 Drop in rate (Drop in rate is for any unscheduled day.)	

LATE FEE: \$1 will be charged for every minute past 5 p.m. the child is not picked up.