

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
Nov 5-8				
Nov 12-15				
Nov 19-20			X	X
Nov 26-29				

Amount Enclosed: _____

RATES

\$50/month

\$15/week

\$4/day

\$10 Drop in rate (Drop in rate is for any unscheduled day.)

Additional Children

\$40/month 2nd child

\$30/month 3rd child and each additional child

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