



AFTER SCHOOL CARE REGISTRATION FORM

2017-2018

Student Name: _____

Grade: _____

Date: _____

Parent Name: _____

Parent Contact No.: _____

Parent Signature: _____ **Date:** _____

Form of Payment: **Cash** **Check#** _____ **Credit/Debit**

As of July 2017, I agree to pay a one-time \$25.00 registration fee towards the After School Care program at AMCS. I am aware that this \$25.00 fee is non-refundable. The \$25.00 fee applies to multiple siblings.

After Care drop ins fee is \$10.00 per hour for non-registered student. Refer to After-School Agreement for scheduled payment fees.