

PAGE ACADEMY

BEFORE & AFTER CARE FORM

Dear Parents,

Please choose an option for the optional Before & After Care programs below.

As a reminder, please bring your child into school each morning and sign him/her in. It is important that **ALL children be signed in and out each day**. Please do not have your child sign himself/herself in or out in case of a "mix-up" as to who picked up or delivered the child.

Child's Name: _____

Grade: _____

Family ID (for office use only): _____

Before & After Care Charges for Students in Junior Kindergarten through Eighth Grades...

*****Preschool Parents, please fill out and submit the form for staffing purposes.**

_____ Before School Program (6:30am – 8:10am).....(Monthly Rate \$70.00)

_____ After School Program (4:30pm – 6:30pm).....(Monthly Rate \$85.00)

_____ Both (Monthly Rate \$145.00)



I do not need any extended care for my child, but I may inform the office by the 22nd of the preceding month should I need before/after school care.

Parent Signature

Date