

UPLAND AFTER-SCHOOL CARE PROGRAM 2007-2008
 November 11, 2007 to February 29, 2008 *(Please Indicate Desired Option)*

PRE-KINDERGARTEN	12:00 - 3:00	3:00 - 4:30	4:30 - 6:00
Mon thru Fri (61 days)	\$1,098	\$549	\$549
Mon & Fri (22 days)	\$396	\$198	\$198
Tues, Wed, Thur (39 days)	\$702	\$351	\$351
TOTAL			

KINDERGARTEN	12:00 - 3:00	3:00 - 4:30	4:30 - 6:00
Mon thru Fri (61 days)	N/A	\$549	\$549
Mon & Fri (22 days)	\$396	\$198	\$198
Tues, Wed, Thur (39 days)	N/A	\$351	\$351
TOTAL			

GRADES 1 - 9	12:00 - 3:00	3:00 - 4:30	4:30 - 6:00
Mon thru Fri (61 days)	N/A	\$598	\$549
Mon & Fri (22 days)	N/A	\$198	\$198
Tues, Wed, Thur (39 days)	N/A	\$351	\$351
TOTAL			

Please total all applicable columns: _____ TOTAL

CHILDS' NAME: _____ GRADE: _____

Dismissal Destination (list days and times)

Days and Times for **Car** Pick up:

Days & Times for **Bus** Pick up:

I have read and understand the ASC policies and understand that a late fee of \$1.00/per minute (per child) is charged for children remaining past their registered pick up time. Enclosed is my registration form and a check in the amount of \$_____.

 Parent Signature

RETURN THIS FORM TO DIANNE BIONDI