

PCCS After School Enrollment Form 2019 - 2020

Family Name:								
Street Address:								
City:	State:	Zip Code:						
Email Address:								
Student's Name:		Grade/Teacher:						
Student's Name:		Grade/Teacher:						
Student's Name:	Grade/Teacher:							
Parent's Name:								
Parent's Emergency Contact #:								
Non-Parent Emergency Contact Name:								
Non-Parent Emergency Contact #:								
Please list below the following information for those authorized to pick up your student(s):								
Name:	Relationship:	Phone #:						
Name:	Relationship:	Phone #:						
Name:	Relationship:	Phone #:						
Please indicate any allergies or medication conditions :								

Turn Over ----->

Please complete both sides and return with payment to PCCS – If you are paying online via credit card please submit form and watch for email indicating that your bill is ready to pay via Edutrac.

Program Fees per Session/Trimester

(DL)						type of program				
(Plea	() Mond		ni receive spec nesday () Wednesday	•	same for all chilersday () F	riday			
Program Fees Per Session / Trimester (CIRCLE ONE)										
		Duration	1 day	2 days	3 days	4 days	5 days			
Enrich 1		1:00 - 3:30		\$450	\$600	\$750	\$850			
Enrich Me Plus After-school only		1:00 - 6:00 3:30 - 6:00		\$750 \$450	\$900 \$600	\$1,050	\$1,150			
Aiter-sc	chool only	3.30 - 0.00	\$225	\$450	<u> </u>	\$750	\$850			
	Other Ser	vices (per di	em) Please i	ndicate which	program(s) y	ou are interest	ed in:			
		care* 6:30 ai		\$10 per day						
() Early release days (20) 1:00 - 3:30		\$250 for all early release days (no pro-rating)								
() Punch Card – 5 visits (sessions)		\$100 for 5 days – with 24 hrs notice \$25 / session with 24 hrs notice – due upon drop off								
() Dr	op in studen	its		\$25 / session	i with 24 hrs i	iotice – due upo	on drop off			
	*Mus	st have a mini	mum of 2 stu	dents enrolled	5 days a week	to run progran	n.			
						a 10% discount diem services.				
	Sessions ar	re as follows	: :							
\$	Session 1 August 19, 2019 – November 15, 2019									
S	Session 2	November 18, 2019 – February 28, 2020								
S	Session 3	n 3 March 2, 2020 – June 5, 2020								
_	tart of each s		-			that payment i vriting by the B				
I will make payment via the following method:										
() Check (enclosed) () Cash (enclosed) () Online via Credit Card once billed										
() Please contact me for payment arrangements at the following email:										
							_			
Parent's / Guardian's Signature:			Date:							
Please cor				t to PCCS – If yo ting that your bi		nline via credit ca y via Edutrac.	ird please			
For	Business	Office use:								
	ollment reco				Date:					