



PCCS After School Enrollment Form 2018 - 2019

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

Program Fees per Session/Trimester

Please indicate day(s) student(s) will attend **and** circle the type of program

() Monday () Tuesday () Wednesday () Thursday () Friday

Program Fees Per Session / Trimester					
	1 day	2 days	3 days	4 days	5 days
Enrich Me	\$225	\$450	\$600	\$750	\$850
Enrich Me Plus	\$400	\$750	\$900	\$1,050	\$1,150
After-school only	\$225	\$450	\$600	\$750	\$850
Other Services (per diem)					
Before school care*	\$10 per day				
Early release days (20)	\$250 for all early release days (no pro-rating)				
Punch Card – 5 visits	\$100 for 5 days – with 24 hrs notice				
Drop in students	\$25 / session with 24 hrs notice – due upon drop off				

*Must have a minimum of 2 students enrolled 5 days a week to run program.

Families with more than 1 child in the after school program will receive a 10% discount for each additional child. Discounts apply to session enrollment only and not per diem services.

Sessions are as follows*:**

Session 1 August 20, 2018 – November 9, 2018

Session 2 November 12, 2018 – March 1, 2019

Session 3 March 4, 2019 – June 7, 2019

***For mid-session enrollments / changes please indicate the effective date of this change:

(An invoice for the pro-rated charges will be processed and are payable upon receipt)

I agree with the After School Program’s policies and fees and understand that payment is due before the start of each session unless payment arrangements are approved in writing by the Business Office Manager.

Please indicate payment intentions:

() Check/Cash enclosed

() I will drop off Check/Cash in the office or send via backpack by: _____(date)

() I will pay online via credit card using Edutrack once invoiced

() I have contacted the Business Office for payment arrangements

Parent’s / Guardian’s Signature: _____ Date: _____

Please complete both sides and return to the Business Office for processing

For Business Office use:	
Enrollment recorded by:	Date: