

PCCS After School Enrollment Form 2021 - 2022

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 #:					
lease 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	on conditions :				

Turn Over		>
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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 2021/2022 school year

Please	e indicate day(s) s	student(s) will a	attend <u>and</u> circ	cle the type of	program		
() Monday	y () Tuesda	y () Wed	nesday () Thursday	() Friday		
	Program Fees I						
Essish Ma	1 day	2 days	3 days	4 days	5 days		
Enrich Me Enrich Me Plus	\$225	\$450	\$600	\$750	\$850		
After-school or		\$750 \$450	\$900 \$600	\$1,050 \$750	\$1,150 \$850		
THICH SCHOOLON	γ ψ225	Ψ430	φυσσ	φ/30	φυσυ		
Other Servi	ces (per diem)	Please indicate	e which progra	m(s) you are t	interested in:		
() Before scl		\$10 per day					
	ase days (18)	\$250 for all early release days (no pro-rating)					
	rd – 5 visits	\$100 for 5 days – with 24 hrs notice \$25 / session with 24 hrs notice – due upon drop off			1		
() Drop in st	tudents	\$25 / session	with 24 hrs no	tice – due upo	on drop off		
Families with more additional child.		he after school	program will re	eceive a 10% di	iscount for each		
Sessions are	e as follows:						
Session 1	August 16, 2021 – November 12, 2021						
Session 2	November 15, 20	November 15, 2021 – February 25, 2022					
Session 3	February 28, 20	22 – June 3, 20	022				
I agree with the Afthe start of each se Manager.	_	-		_	•		
	I will ma	ake payment via	the following	method:			
() Check (enclosed) () Cash (enclosed) () Online via Credit Card once bille							
() Please contact	me for payment	arrangements a	at the following	email:			
Parent's / Guardia	n's Signature:			Date:			
ase complete both sic	les and return with			· -			
Submit form	and watch for em	an mulcating tha	t your bill is read	iy to pay via Edi	uudt.		
Ear Des de la C	CC						
For Business O	mce use:						

Date:

Enrollment recorded by: