

AGES 3-5 AFTER SCHOOL CARE REGISTRATION
MONTH: _____

I have circled the days he/she is to attend, and I agree to pick my child up promptly at 3:15 each day.

DATE(s):

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31					

Whole Month

Signature _____

** Be sure to communicate with your child's teacher so they know he/she is staying for after school care.

Cost:

\$12 per day

\$60 per week

\$259 per month

* Makes checks payable to First Baptist Church. Payment is due to your after school teacher on the last day of the month. See parent handbook for payment policies.