



THE HIGHLANDS SCHOOL AFTER-SCHOOL CARE

2014-15 School Year Enrollment Information

Rates				
# of children	Full Year Rate	Annual Pay 5% Discount	Semester Pay 2% Discount	Facts Monthly Plan
		1 payment of	2 payments of	10 payments of
1	2,200.00	2,090.00	1,078.00	220.00
2	3,960.00	3,762.00	1,940.40	396.00
3	4,950.00	4,702.50	2,425.00	495.00
4 plus (each)	550.00	522.50	269.50	55.00
Drop-in Rate				
1	\$15.00/hour			
2	\$25.00/hour			
Late Charge (after 6:00 pm)	\$10.00 plus \$1.00 per minute			

Terms:

1. A payment plan must be approved and finalized before students will be permitted to attend the After-School Care program.
2. The initial payment must be made prior to the start of the program.
3. For Facts payors, the ASC amount will be added to the tuition balance. Additionally, a 10% downpayment is required.

I agree to the above terms of the After-School Care program. I also agree to the dates and hours of operation, and to follow the procedures of the program as outlined in the After-School Care Program Guide.

Parent Signature

Date

After-School Care Enrollment Form
2014-15 School Year

Parent/Guardian Name: _____

Address/City/State/Zip: _____

Rate Plan (check one):

Full Year ____ **Annual Pay** ____ **Semester Pay** ____ **Facts Monthly Pay** ____

Students to be enrolled:

Grade:

Age:

1. _____

2. _____

3. _____

4. _____

5. _____

Emergency Information:

Father: _____

Wk. Phone: _____ Cell: _____ Home: _____

Mother: _____

Wk. Phone: _____ Cell: _____ Home: _____

Other Emergency Contact: _____

Wk. Phone: _____ Cell: _____ Home: _____

Other Emergency Contact: _____

Wk. Phone: _____ Cell: _____ Home: _____