

January 2012 **After School Program**

Student Name: _____

Grade: _____ Teacher: _____

Check No. _____ Amt. of check _____

- * **Due by Thursday Dec. 15th. LATE FORMS WILL NOT BE ACCEPTED.**
- * Attach check (payable to FCS) or cash (exact amount in an envelope) to this form.
- * Each child must submit his/her own order form, but one check per family is fine.
- * **No credits, refunds, or charges allowed.**
- * Email any questions to afterschool@fcspaladins.org

Monday	Tuesday	Wednesday	Thursday	Friday
2 No School	3	4	5	6
9	10	11	12	13
16 No School	17	18	19	20
23	24	25	26	27
30	31			

The After School Program rates: Weekly - \$75 per week, Daily - \$18 per day. Non-scheduled days will be charged the drop-in rate of \$30 per day or \$10 per hour. Credits or refunds will not be given.

Number of Days _____ x \$18 = _____
 Number of Weeks _____ x \$75 = _____

DEADLINE: Thursday, December 15th