

November 2011 **After School Program**

Student Name: _____

Grade: _____ Teacher: _____

Check No. _____ Amt. of check _____

- * **Due by Monday, October 17th. 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
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21 No School	22 No School	23 No School	24 No School	25 No School
28	29	30		

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: Monday, October 17th