

Lower and Upper After School Enrichment Registration Form 2018-2019

Parent's Name _____

Street Address/City/State/Zip _____

Cell Phone _____

Home Phone _____

<u>Child's Name</u>	<u>Birth Date</u>	<u>Entering Grade 2018-2019</u>
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B'nai Shalom Day School's Kids'Care program is dedicated to providing a safe, nurturing, and pressure-free environment for students after the school day. We recognize the need for children to exercise their creative expression, run, jump, play, and rest. The structure of B'nai Shalom's Kids'Care program is designed to meet these needs.

Kids'Care is available each day school is in session **except** for noon dismissal days. **This form is DUE AUGUST 20, 2018.**

The **Weekly Breakdown** represents the **Annual Cost** divided out weekly.

The column indicated "**Total Savings**" refers to the amount of money you would save if you select the **Annual Cost** rather than dropping in for the same amount of time. **The Lower and Upper School drop-in rate is \$11.00 per hour at a minimum of 1 hour.** For drop-ins, you will only be asked to pay for the time (by the hour) that your child is in Kids'Care.

Please check the boxes below to register for Kids'Care

3:20 pm to 4:30 pm

	Annual Cost	Weekly Breakdown	Savings Compared to Drop-In Rate
5 days/week	\$1,780	\$50	\$524
4 days/week	\$1,425	\$40	\$418
3 days/week	\$1,070	\$30	\$312
2 days/week	\$710	\$20	\$211

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	Tuesday	Wednesday	Thursday	Friday

3:20 pm to 6:00 pm

	Annual Cost	Weekly Breakdown	Savings Compared to Drop-In Rate
5 days/week	\$4,045	\$113	\$1,193
4 days/week	\$3,240	\$90	\$760
3 days/week	\$2,430	\$68	\$570
2 days/week	\$1,620	\$45	\$380

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	Tuesday	Wednesday	Thursday	Friday

Add these charges to my payment plan in FACTS (so it runs along with my tuition)

Add these charges as a separate bill in my FACTS account

Signature _____ Date _____

If you need other special arrangements, please write them in below and the business office will be in touch.
