## AFTER SCHOOL PROGRAM REGISTRATION FORM



Please complete the following form if you are planning to have your child(ren) attend the After School Program. Before school care is available from 7:00-7:30pm but there is no advance registration required.

| Program                   | Before School<br>7:00-7:30am        | TK-Care<br>12:30-2:35pm                 | After School (ASP)<br>2:35-6:00pm                      |
|---------------------------|-------------------------------------|---|--|
| Grade Levels              | TK-8th                              | Transitional Kinder                     | TK-8th   |
| Fees                      | \$3 flat fee                        | \$12 flat fee                           | \$6 per hour   |
| Additional<br>Information | No Advance Registration<br>Required | TK-Care Registration<br>Form (separate) | ASP Registration Form<br>(see below)<br>Snack Provided |

Invoicing and payments are handled through FACTS Incidental Billing

## **Student Information:**

| Child's Name              |                                      | Grade/Teacher                       |   |
|---------------------------|--------------------------------------|-------------------------------------|---|
| Child's Name              |                                      | Grade/Teacher                       |   |
| Child's Name              |                                      | Grade/Teacher                       |   |
| Parent Contact Inf        | ormation:                            |                                     |   |
| Mother's Name:            |                                      |                                     |   |
| Work                      | Home                                 | Cell                                |   |
| Father's Name:            |                                      |                                     |   |
| Work                      | Home                                 | Cell                                |   |
| Please check one of the f | ollowing:                            |                                     |   |
| □ My child will atte      | nd ASP every day.                    |                                     | ] |
| email at least 24         | end ASP as needed hours in advance). | d. (Please send the ASP Director an |   |
| Notes:                    |                                      |                                     |   |
|                           |                                      |                                     |   |
|                           |                                      |                                     |   |

*Please return this form to our ASP Director Angie Nakamoto*. If you have questions, feel free to contact her at <u>anakamoto@marinerscs.org</u> or 714.437.1700, ext. 153. Thank you!