

WESTCHESTER AREA SCHOOL EXTENDED CARE APPLICATION

Date _____

Student's Name: _____ Grade: _____

Address: _____

Mother's Name: _____

Telephone: Home: _____ Work: _____ Cell: _____

Father's Name: _____

Telephone: Home: _____ Work: _____ Cell: _____

In Case Of Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

<u>Weekly fees are as follows:</u>	Evening Care:	\$50.00 per week
	Morning Care:	\$25.00 per week
	Evening & Morning Care:	\$75.00 per week
<u>Daily Drop in Rate:</u>	Evening:	\$15.00 per day
	Morning:	\$5.00 per day

Weekly fee is to be paid on the First day of each school week. Daily fee is to be paid when dropping off (morning) or picking up (evening) your child/(ren).

I understand the objectives and the reputation of the Westchester Area School Extended Care Program and I agree to abide by the guidelines and promptly meet my financial obligations.

Date: _____ Parent's Signature: _____

Please indicate below which service you are signing up for:

Morning Care: 7:00 am.

Evening Care: 4:00 pm – 6:00pm (Mon-Thurs. Only)

Morning & Evening Care: