



## 2019-2020 After School Program Half Year Plan

Hours: End of school day until 6:00 pm

Student #1 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #2 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #3 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ **1<sup>st</sup> half year registration to be completed no later than 08/31/2019**

\_\_\_\_\_ **2<sup>nd</sup> half year registration to be completed no later than 01/10/2020 (2<sup>nd</sup> half year begins Jan 20<sup>th</sup>)**

\_\_\_\_\_ 3 days per week \$1,300.00

\_\_\_\_\_ 5 days per week \$1,700.00

Sibling Plan: Attending Same Time Slot Discount

\_\_\_\_\_ 3 days per week \$ 975.00

\_\_\_\_\_ 5 days per week \$1,275.00

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Total Enclosed \*\*

\_\_\_\_\_  
Date

\*\*If payment is not attached, please check the appropriate response below.

\_\_\_\_\_ Payment has been requested via online banking

\_\_\_\_\_ I wish to have the charge added to my TADS account and billed in the number of installments selected below.

\_\_\_\_\_ 1 installment    \_\_\_\_\_ 2 installments    \_\_\_\_\_ 3 installments

A fee of \$12.00 will be incurred for any check returned by the bank for insufficient funds.