



THE ACADEMY AFTER SCHOOL PROGRAM 2024 - 2025 Lottery Registration Form Kindergarten – 5th Grade

Dear Parents –

Thank you for your interest in the after school program for the 2024-2025 school year.

We will be holding a lottery for available space for both campuses, North (K- 2nd) and Main (3rd – 5th). Unfortunately, the lottery registration does not guarantee your child a space. As spaces become available, we will fill those spaces based on lottery submissions. We will begin contacting families via email regarding the lottery registration after April 11 2024. Please note, this process can take some time, but you will get a response regarding space whether you get in or are put on the wait list. We will continue to accept lottery registrations through the reaming school year and summer months.

To be added to the lottery - parents are required to complete the lottery registration form.

- The form is a fillable PDF and must be completed electronically. **Hand written forms will not be accepted.**
- Please complete one form per child.
- Submit your registration form to this email address only: academy.afterschool@theacademyk12.org.

Once you have been notified of an opening and you accept the space, you will be charged the no-refundable registration fee. Registration fee are: \$60 for the first child and \$30 for each additional child.

Once we have your completed forms and the registration fee paid, you child's space will be secured. Failure to accept the space or pay the registration within the allocated time given, will result in your child's space being forfeited and they will be placed back in the lottery.

Please do not send a registration payment unless you have been contacted regarding a space.

If you have any questions, please so not hesitate to contact me.

Thank you,
Pat Johnson
Program Supervisor
Pat.johnson@theacademyk12.org
303-289-8088 Ext. 166



THE ACADEMY AFTER SCHOOL PROGRAM REGISTRATION AGREEMENT - 2024 - 2025 School Year

Child's Name: _____ Birth Date: _____

Grade Entering: _____ Gender: _____

Allergies: _____

Illnesses: _____

Medications: _____

Parent 1 / Guardian's name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone Number _____

Parent 2 / Guardian's name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Phone Number: _____

TUITION COST

August Tuition Cost

5 days a week (Monday – Friday)	\$194.00
4 days a week	\$170.00
3 days a week	\$146.00
2 days a week	\$115.00

September to May Monthly Tuition Cost

5 days a week (Monday – Friday)	\$358.00
4 days a week	\$314.00
3 days a week	\$269.00
2 days a week	\$212.00

Please select the days of week needed

M	T	W	TH	F
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I understand that I am registering my child in the after school care program for the full 2023-2024 school year and that I am the person responsible for all fees that my child accrues while in the program.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Guardian Signature: _____ Date: _____