

APPLE BLOSSOM AFTER SCHOOL PROGRAM

CONTRACTED HOURS

2026–2027

Child's Name: _____ Grade: _____

Please check the days your child will attend the Apple Blossom After School Program.

GRADES TK–8 | MORNING CARE

7:30–8:15 a.m.

Monday	Tuesday	Wednesday	Thursday	Friday
☐	☐	☐	☐	☐

GRADES TK/K | AFTERNOON CARE

Until older siblings are dismissed or the bus arrives

Monday	Tuesday	Wednesday	Thursday	Friday
☐ 1:40–3:00	☐ 1:40–3:00	☐ 12:40–3:00	☐ 1:40–3:00	☐ 1:40–3:00

GRADES TK/K | AFTERNOON CARE

Monday	Tuesday	Wednesday	Thursday	Friday
☐ 1:40–5:30	☐ 1:40–5:30	☐ 12:40–5:30	☐ 1:40–5:30	☐ 1:40–5:30

GRADES 1–5 | AFTERNOON CARE

Monday	Tuesday	Wednesday	Thursday	Friday
☐ 2:45–5:30	☐ 2:45–5:30	☐ 1:45–5:30	☐ 2:45–5:30	☐ 2:45–5:30

GRADES 6–8 | AFTERNOON CARE

Monday	Tuesday	Wednesday	Thursday	Friday
☐ 3:30–5:30	☐ 3:30–5:30	☐ 2:30–5:30	☐ 3:30–5:30	☐ 3:30–5:30

PROGRAM POLICIES

Drop-In Care: Drop-in care is intended for children who attend the program on rare or occasional days.

Sibling Discount: A 10% discount is offered for additional siblings enrolled in the program.

I understand that I will be charged for the days and hours for which my child is contracted, whether or not my child attends.

Parent/Guardian Initials: _____

I understand that I must provide at least two weeks' notice to change my contracted schedule for the following month.

Parent/Guardian Initials: _____

A late pick-up fee of \$5 per minute will be charged for pick-up after 5:30 p.m.

Parent/Guardian Initials: _____

Tuition is due by the 5th of each month. A \$10 late fee may be added to payments received after the due date.

Parent/Guardian Initials: _____

Parent/Guardian Signature: _____

Date: _____

FOR ABASP STAFF USE ONLY

Date Received: _____

Received/Accepted By: _____