

BEFORE SCHOOL CARE

2010-2011 Rates
7:00- 7:30 a.m. - \$2.00

Name of student: _____ Class Code: _____

Address: _____ Zip Code: _____

Home Phone: _____ Mother's Business Phone: _____

Father's Business Phone: _____

Days Attending: _____

Time student will be picked up: _____

The following people are authorized to pick up this child:

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Name _____ Relation to child _____ Phone _____

Method of payment:

Weekly: _____ Bimonthly: _____ Monthly: _____

NOTE: Fees owed for BSC will not be allowed to go beyond one month.

Signature of Parent/Guardian: _____

Date: _____

Comments: _____
