



DATE: _____
 NOTES: _____

After School Enrichment Program (ASEP) 2019-2020 Drop-In Form

Parent Name: _____ Phone number: _____

Email Address: _____

Child's Name	Grade	Teacher	Please check the day(s) students will attend
1.....			<input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> All week
2.....			<input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> All week
3.....			<input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> All week
4.....			<input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> All week
5.....			<input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> All week

ASEP Drop-In Fees: Note* Fees for Daily Drop service are prepaid on a monthly basis.

Weekly	
Child 1	\$80
Child 2	\$72
Child 3	\$64
Additional	\$56

Daily: Monday - Thursday	
Child 1	\$25
Child 2	\$23
Child 3	\$20
Additional	\$18

Fridays	
Child 1	\$30
Child 2	\$27
Child 3	\$24
Additional	\$21

Please be advised that fees are due prior to service and will not be prorated for any reason. By signing below, I agree to pay the Enrichment fees in full and on time to Amana Academy according to ASEP Payment Policies.

	Date	Date	Date	Date	Date
Week Of: _____	.....	.....	.....	.....	.....
Pick-up Time: _____	.....	.....	.....	.....	.....
	Child 1	Child 2	Child 3	Child 4	Child 5
ASEP Fee: + + + + =
Late Pick Up Fee: + + + + =
Total: + + + + =

By signing below, I agree to pay the Enrichment fees in full and on time to Amana Academy according to Payment Policy.

Name (Parent/Guardian)	Signature	Date
<p>To enroll or make changes to your child(ren)'s schedule please complete and submit this form to the Program Director prior to the date of service.</p>		