



DATE: \_\_\_\_\_  
NOTES: \_\_\_\_\_  
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## After School Enrichment Program **(ASEP)** 2020-2021 Drop-In Form (Weekly/Daily)

Parent Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Name	Grade	Teacher	Please check Weekly or the day(s) students will Drop-In
1.....			<input type="checkbox"/> Weekly <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
2.....			<input type="checkbox"/> Weekly <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
3.....			<input type="checkbox"/> Weekly <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
4.....			<input type="checkbox"/> Weekly <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
5.....			<input type="checkbox"/> Weekly <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday

**ASEP Drop-In Fees:**

Weekly: Monday - Thursday		Weekly Cumulative	Daily		Daily Cumulative
<b>Child 1</b>	\$80	\$80	<b>Child 1</b>	\$30	\$30
<b>Child 2</b>	\$72	\$152	<b>Child 2</b>	\$27	\$57
<b>Child 3</b>	\$64	\$216	<b>Child 3</b>	\$24	\$81
<b>Additional</b>	\$56	\$272	<b>Additional</b>	\$21	\$102

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.

	Child 1	Child 2	Child 3	Child 4	Child 5	
<b>ASEP Fee:</b>	.....	.....	.....	.....	.....	= .....
<b>Late Pick-Up Fee:</b>	.....	.....	.....	.....	.....	= .....
<b>Total:</b>	.....	.....	.....	.....	.....	= .....

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

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Name (Parent/Guardian)	Signature	Date
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Week of: \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Pick -Up Time: .....

Parent Signature: .....

**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.**