

Dear Parents,

We begin our "After Care Program" on _____, the hours will be from 3:00pm to 5:00pm. The cost will be \$10 dollars per or \$50 dollars per week for each child. If you have more than one child the cost will be another \$5 dollars per day for each additional child. For example: A family with two children will pay \$15 per day or \$75 per week. **THERE WILL BE NO AFTER CARE PROGRAM ON DAYS WHERE THERE IS AN EARLY DISMISSAL.**

Payment will be expected at the end of each week. This will help reduce confusion over accumulated amounts and help keep our records current. If students wish they may bring a snack to eat during after care.

Please return immediately!

I plan to enroll the following child (ren) in the RHMS "After Care Program".

1. _____
2. _____
3. _____
4. _____

Please circle the day(s) your child(ren) will attend the program.

Monday/ Tuesday/ Wednesday/ Thursday/ Friday

Parent information for emergency purposes:

Mother' Name _____

Address: _____

Afternoon Phone #: _____

Employer: _____

Fathers Name: _____

Address: _____

Afternoon Phone#: _____

Employer: _____

Parents Signature _____