



JFES Before and After School Program Payment Form

Child(ren)'s Name(s) _____ Grade _____

_____ Grade _____

Daily Costs:

Before School:	After school:	Both
7.50/day /child	10/day/ child	\$15/day/child
12/day for 2	15/day for 2	25/day for 2

Please indicate the days and sessions you will be utilizing our program for the:

Week of: _____ (This form needs to be filled out each week.)

	Monday	Tuesday	Wednesday	Thursday	Friday
Before					
After					
Both					

Calculate your cost per week _____

Amount Due \$ _____

Please pay this amount by check made payable to JFES

PLEASE RETURN THIS FORM WITH PAYMENT IN THE PAYMENT BOX LOCATED IN THE GYM.

Terms of agreement:

1. Payment must be received the Friday before the service taking place. Any delinquent account could result in the termination of the program.
2. Only in the event that we have sustainable funding and your child is ill, will we credit you for an absence. Credit, if applicable, will be applied to the second part of the year.
3. The school reserves the right to have children whose behavior becomes unacceptable to no longer participate in the program.

Parent Name (please print)

Parent Signature

Date