



FCA 2024-2025 AFTER CARE REGISTRATION

Student's Full Name _____ Grade _____
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After Care Payment Options:

Timeframe: 2:30pm-6:00pm

If your child is not picked up by 6:00 pm, a late charge will be added to your statement.
\$25.00 for the first ten minutes and \$2.00 for each additional minute

Daily Rate: \$18.00 /day

Annual Rate: \$2,300.00 /year (\$230.00 /month)

We choose to make payments with (choose one):

_____ \$230.00 Monthly rate in FACTS tuition (charged automatically each month)*

_____ \$18.00 Daily rate that is billed monthly to FACTS tuition*

Parent Printed Name: _____

Parent Signature: _____

Date: ____/____/____

*If your account is more than two weeks past due, your child(ren) will be suspended from aftercare services until your balance is reconciled. If you are experiencing financial hardship, you can set up a payment plan, which will allow your child(ren) to remain in aftercare. Please see the front office to set up a payment arrangement.

Parent/Guardian Information

Parent Email _____

Home Address _____

City _____ State _____ Zip _____

Father's Name _____ Cell Phone _____

Employer _____ Employer's Phone _____

Mother's Name _____ Cell Phone _____

Employer _____ Employer's Phone _____

Emergency Contacts

Please provide two or three emergency contacts if the office is unable to reach parents:

Name _____ Phone _____

Relation to you _____

Name _____ Phone _____

Relation to you _____

Name _____ Phone _____

Relation to you _____