



Reg fee enclosed _____

Check or voided check _____

After School Care

Student Name _____

Student's Grade _____ Teacher's Name _____

Parent's Name _____

Address _____ City _____ St _____ Zip _____

Phone (work/mom) _____

(work/dad) _____

(home) _____

(cell/mom) _____ (cell/dad) _____

Email _____

We are registering our child in After School Care the following days each week:

Circle the days desired: M T W Th F DROP IN

We will pay (circle one) by draft (attach a voided check) by prepayment (check enclosed)

NOTE: Registration must be received at least five days prior to student's first day of attendance.

We agree to have monthly fees for this program added to our CDS tuition bank draft or we will prepay the annual amount in full, per the 2007-08 brochure. The After School Draft begins July 17, 2007 and continues monthly through April 17, 2008. We understand fees posted to our account, as of the 10th of the month, are non-refundable. Fees are not prorated for attendance.

Parent signature

Date

Return this form, signed, with a check for \$40 per child for registration, as well as a voided check/prepayment check.

Mail to: Covenant Day School; ATTN: Carmen Welty, 800 Fullwood Lane; Matthews, NC 28105