



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 2009-2010 brochure. The After School Draft begins July 17, 2009 and continues monthly through April 17, 2010. We understand fees posted to our account, as of the 10<sup>th</sup> 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