

CCDS 2021-2022 (1st-8th grade) Contract After School Program

Student Name (First & Last) _____ Grade _____

Parent's Name (First & Last) _____

Mailing Address _____

Home phone number _____ Cell phone number _____

Email Address _____

All monthly rates allow pick-up until 6:00 pm.

Please circle the days your student will attend ASP:

	Monday	Tuesday	Wednesday	Thursday	Friday
One day per week			\$50/mo		
Two days per week			\$80/mo		
Three days per week			\$105/mo		
Four days per week			\$125/mo		
Five days per week			\$150/mo		

Credit Card Payment

I, _____ (please print name), authorize Chico Country Day School to charge my Visa/Mastercard on the first of each month in the amount of \$_____.

Parent Signature

Billing Zip Code

Credit Card Number

Expiration Date

Any contract change must be submitted in writing to the ASP Office by the 15th of the month and will be effective the following month.

Cash, checks and Visa/Mastercard payments are accepted.

Payments must be received by the 5th of the month to avoid a \$15 late fee. Payment must be received by the 15th of the month to avoid disenrollment.

If disenrolled, your child will be placed on the waiting list.

All monthly fees are based on a 4 week month.

I, _____ (printed name), agree to the terms of the above contract.

Parent Signature

Date

Effective Date