

**CCDS ASP TK Contract  
2021-2022**

Student Name (First & Last) \_\_\_\_\_

Parents Name (First & Last) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mark **all** the days of the week that your student will attend the program from 1:50 pm-2:30 pm:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

**Any contract changes submitted in writing to the ASP Office by the 15th of the month will be effective the following month.**

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date