

# CCDS 2022-2023 (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		\$60/mo		
Two days per week		\$110/mo		
Three days per week		\$140/mo		
Four days per week		\$165/mo		
Five days per week		\$200/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