

CCDS 2018-2019 ASP Minimum Day Contract

Student Name (First & Last) _____ Grade _____

Parent's Name (First & Last) _____

Mailing Address _____

Home phone number _____ Cell phone number _____

Email Address _____

All rates are for Second Semester only & allow pick-up until 6:00 pm.

_____ Minimum Wednesdays	\$50.00 per semester
_____ Minimum Thursdays	\$25.00 per semester
_____ Minimum Fridays	\$25.00 per semester
_____ All Minimum Days	\$100.00 per semester

Credit Card Payment

I, _____ (please print name), authorize Chico Country Day School to charge my Visa/ Mastercard for the amount of \$_____ as selected above.

Parent Signature

Billing Zip Code

Credit Card Number

Expiration Date

**Tuition & the \$25 family registration fee must be paid in full for the semester before attending the program.
Cash, checks, and Visa/ Mastercard payments are accepted.**

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

Parent Signature

Date

Effective Date