

P.S. 185 After School Program 2017 - 2018

Student Information

Name: _____ Class: _____

To enroll your child in our After School Program, please indicate the days and hours you require.

January, 2018				
Mon	Tue	Wed	Thu	Fri
1 NO SCHOOL	2	3	4	5
8	9	10	11	12
15 NO SCHOOL	16	17	18 NO AFTER SCHOOL	19
22	23	24	25	26
29	30	31		20 TOTAL DAYS

There are 3 pick-up rates: by 3:00 pm (\$5); by 4:00 pm (\$15); by 5:00 pm (\$25)

No. of days _____	X	Rate (\$5, \$15 or \$25) \$ _____	=	Total amount due \$ _____
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Payment is due in advance - return this page with checks payable to PS 185. Thank you.

**All balances from the last school year must be paid in full
in order to attend the Program this year.**

Parent Signature: _____ Date: _____