

FIT ACADEMY

After School Registration Form—May 2019

Student(s) name

Grade

Fees per Student

Afternoons: 2:40 pm to 5:45 pm

\$8/hour or \$20 session

One-time Registration Fee \$30

(per family)

Total Enclosed: \$ _____

Emergency Contact Name

Phone #

1. _____

2. _____

Please check the days your student(s) will attend After School Care.

<u>Date</u>	<u># of Hours</u>	OR	<u>Session</u>
Wednesday, 5/1	_____		_____
Thursday, 5/2	_____		_____
Friday, 5/3	_____		_____
Monday, 5/6	_____		_____
Tuesday, 5/7	_____		_____
Wednesday, 5/8	_____		_____
Thursday, 5/9	_____		_____
Friday, 5/10	_____		_____
Monday, 5/13	_____		_____
Tuesday, 5/14	_____		_____
Wednesday, 5/15	_____		_____
Thursday, 5/16	_____		_____
Friday, 5/17	_____		_____
Monday, 5/20	_____		_____
Tuesday, 5/21	_____		_____
Wednesday, 5/22	_____		_____
Thursday, 5/23	_____		_____
Friday, 5/24	_____		_____
Tuesday, 5/28	_____		_____
Wednesday, 5/29	_____		_____
Thursday, 5/30	_____		_____
Friday, 5/31	_____		_____

Students who remain in After School Care longer than registered time will be billed accordingly.

All fees must be current to enroll for the next month. I agree to the policies and procedures of the FIT Academy After School Care Program.

Parent Signature: _____ Date: _____

Please mail or return form by November 28th with check payable to:

FIT Academy Charter School

7200 147th Street West

Apple Valley, MN 55124