

Advent Lutheran Church Before and After School Program
2024 - 2025 School Year

Child's name: _____

Please Circle: Male, Female or Other School Attending: _____

Address: _____

Parent's Names: _____

Phone Number: _____ Home or Cell (please circle)

Email Address: _____

Check the desired program below, and circle days attending

_____ Before Care 3 Days Per Week \$125 per month M T W TH F

_____ After Care 3 Days Per Week \$280 Per month M T W TH F

_____ Before & After Care 3 Days Per Week \$365 Per month M T W TH F

_____ Before Care 4-5 Days per Week \$195 Per Month M T W TH F

_____ After Care 4-5 Days per Week \$335 Per Month M T W TH F

_____ Before & After Care 4-5 Days per Week \$425 Per Month M T W TH F

Returning Student Fee: \$50 per student (non-refundable)

New Student Fee: \$75 per student (non refundable)

Parent Signature: _____ Date: _____