



With an Annual Plan!

For annual plans please return your agreement to the Charles Armstrong School Business Office prior to or on the first day of school.

If you have questions or need more information, please email Madonna Uyenyama at muyenyama@charlesarmstrong.org.



Morning & After-School Care 2019-2020

Save by selecting an annual plan

Annual Plan rates – approximately \$9.75 per hour

Drop in rate - \$11.75 per hour

Lower School Morning & After-School Care

Morning Care For early arrivals from 7:30-7:45 am
Annual Plan I wish to enroll my child in:

Monday	\$ 75	_____
Tuesday	\$ 85	_____
Wednesday	\$ 80	_____
Thursday	\$ 80	_____
Friday	\$ 80	_____

Total for all days \$ 400 Total selected \$ _____

After-school Care MTuThF 3-4 pm & Weds 12:45-4 pm
Includes care from 12:45-4 pm on all early dismissal days

Annual Plan I wish to enroll my child in:

Monday	\$ 315	_____
Tuesday	\$ 355	_____
Wednesday	\$ 1075	_____
Thursday	\$ 320	_____
Friday	\$ 310	_____

Total for all days \$ 2,375 Total selected \$ _____

After-school Care MTuThF 3-5:30 pm & Weds 12:45-5:30pm
Includes care from 12:45-5:30 pm on all early dismissal days

Annual Plan I wish to enroll my child in:

Monday	\$ 755	_____
Tuesday	\$ 850	_____
Wednesday	\$ 1,575	_____
Thursday	\$ 805	_____
Friday	\$ 780	_____

Total for all days \$ 4,765 Total selected \$ _____

Child's Name _____ **Grade** _____

I understand I may change my annual agreement one time at no charge. Additional changes will be subject to a \$30 service fee. A late fee of \$15.00 for the first 15 minutes (5:30-5:45pm) or part thereof, and \$25.00 per quarter hour or part thereof after 5:45pm, will be charged to your account. Any drop-in care will be billed on a monthly basis.

Please bill my account on a _____ 1-pay payment or _____ 7-pay payment plan.
(October-April)

Parent's signature _____ Date _____

Middle School Morning & After-School Care

Morning Care For early arrivals from 7:30-7:45 am
Annual Plan I wish to enroll my child in:

Monday	\$ 75	_____
Tuesday	\$ 85	_____
Wednesday	\$ 80	_____
Thursday	\$ 80	_____
Friday	\$ 80	_____

Total for all days \$ 400 Total selected \$ _____

After-school Care MTuThF 3:15-4 pm & Weds 1-4 pm
Includes care from 1-4 pm on all early dismissal days

Annual Plan I wish to enroll my child in:

Monday	\$ 240	_____
Tuesday	\$ 270	_____
Wednesday	\$ 995	_____
Thursday	\$ 240	_____
Friday	\$ 235	_____

Total for all days \$ 1,980 Total selected \$ _____

After-school Care MTuThF 3:15-5:30 pm & Weds 1-5:30 pm
Includes care from 1-5:30 pm on all early dismissal days

Annual Plan I wish to enroll my child in:

Monday	\$ 680	_____
Tuesday	\$ 770	_____
Wednesday	\$ 1,490	_____
Thursday	\$ 725	_____
Friday	\$ 700	_____

Total for all days \$ 4,365 Total selected \$ _____

Child's Name _____ **Grade** _____

I understand I may change my annual agreement one time at no charge. Additional changes will be subject to a \$30 service fee. A late fee of \$15.00 for the first 15 minutes (5:30-5:45pm) or part thereof, and \$25.00 per quarter hour or part thereof after 5:45pm, will be charged to your account. Any drop-in care will be billed on a monthly basis.

Please bill my account on a _____ 1-pay payment or _____ 7-pay payment plan.
(October-April)

Parent's signature _____ Date _____