



**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 Uyenoyama at [muyenoyama@charlesarmstrong.org](mailto:muyenoyama@charlesarmstrong.org).



**Morning & After-school Care**

2017-2018

**Save by selecting an annual plan**

Annual Plan rates – approximately \$9.00 per hour

Drop in rate - \$11.25 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	\$ 70	\$ _____
Tuesday	\$ 80	\$ _____
Wednesday	\$ 75	\$ _____
Thursday	\$ 75	\$ _____
Friday	<u>\$ 70</u>	<u>\$ _____</u>

Total for all days    \$ 370    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	\$ 280	\$ _____
Tuesday	\$ 355	\$ _____
Wednesday	\$ 965	\$ _____
Thursday	\$ 300	\$ _____
Friday	<u>\$ 320</u>	<u>\$ _____</u>

Total for all days    \$ 2,200    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	\$ 700	\$ _____
Tuesday	\$ 830	\$ _____
Wednesday	\$ 1,410	\$ _____
Thursday	\$ 745	\$ _____
Friday	<u>\$ 740</u>	<u>\$ _____</u>

Total for all days    \$ 4,425    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 per quarter hour will be charged on your account for picking your child up after 5:30pm. Any drop-in care will be billed on a monthly basis.

Please bill my account on a \_\_\_one-pay payment or \_\_\_ten-pay payment plan.

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	\$ 70	\$ _____
Tuesday	\$ 80	\$ _____
Wednesday	\$ 75	\$ _____
Thursday	\$ 75	\$ _____
Friday	<u>\$ 70</u>	<u>\$ _____</u>

Total for all days    \$ 370    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	\$ 210	\$ _____
Tuesday	\$ 275	\$ _____
Wednesday	\$ 890	\$ _____
Thursday	\$ 225	\$ _____
Friday	<u>\$ 250</u>	<u>\$ _____</u>

Total for all days    \$1,850    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	\$ 630	\$ _____
Tuesday	\$ 750	\$ _____
Wednesday	\$ 1,335	\$ _____
Thursday	\$ 670	\$ _____
Friday	<u>\$ 670</u>	<u>\$ _____</u>

Total for all days    \$ 4,055    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 per quarter hour will be charged on your account for picking your child up after 5:30pm. Any drop-in care will be billed to my account on a monthly basis.

Please bill my account on a \_\_\_one-pay payment or \_\_\_ten-pay payment plan.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_