



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.



Morning & After-school Care

2016-2017

Save by selecting an annual plan

Annual Plan rates – averaging \$8.75 per hour

Drop in rate - \$11.00 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	\$ 80	\$ _____
Thursday	\$ 80	\$ _____
Friday	<u>\$ 75</u>	\$ _____

Total for all days \$ 385 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	\$ 310	\$ _____
Tuesday	\$ 370	\$ _____
Wednesday	\$1,030	\$ _____
Thursday	\$ 370	\$ _____
Friday	<u>\$ 400</u>	\$ _____

Total for all days \$ 2,480 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	\$ 720	\$ _____
Tuesday	\$ 825	\$ _____
Wednesday	\$ 1,500	\$ _____
Thursday	\$ 825	\$ _____
Friday	<u>\$ 845</u>	\$ _____

Total for all days \$ 4,715 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	\$ 80	\$ _____
Thursday	\$ 80	\$ _____
Friday	<u>\$ 75</u>	\$ _____

Total for all days \$ 385 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	\$ 245	\$ _____
Tuesday	\$ 290	\$ _____
Wednesday	\$ 945	\$ _____
Thursday	\$ 290	\$ _____
Friday	<u>\$ 320</u>	\$ _____

Total for all days \$2,090 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	\$ 650	\$ _____
Tuesday	\$ 750	\$ _____
Wednesday	\$ 1,420	\$ _____
Thursday	\$ 750	\$ _____
Friday	<u>\$ 770</u>	\$ _____

Total for all days \$4,340 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 _____