



2017-2018 After School Program Form

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Home Address: _____

Home Phone Number: _____

Parent Name: _____ **Parent Cell Number:** _____

Parent Name: _____ **Parent Cell Number:** _____

Emergency Contact: _____ **Cell Number:** _____

Child(ren) will attend the After School Program: _____ Monthly or _____ Drop In

The monthly After School Program fee is \$200 per month plus a one-time \$25 registration fee. The Drop In After School Program fee is \$20 per day plus a one-time \$25 registration fee.

After School Program monthly statements will be invoiced through FACTS. You will receive paper invoices from FACTS if you did not select 'include all incidentals' when you registered for your tuition payments. If you selected 'include all incidentals' when you registered for yours tuition payments, you will receive notification 10 days in advance of the additional charge being withdrawn from your bank account.

If you need any assistance, please contact Diana Tagliarini at dtagliarini@stjohnseagles.org or (813)849-4200 ext. 4370.