

Homebase Program

Before & After School Care

2019-2020

# of Days	TIME	RATE	X
1 DAY	AM: 6:30 am -8:30am	\$70	
	PM: 3:30 pm -6:00pm	\$85	
	AM & PM	\$145	
2 DAYS	AM: 6:30 am -8:30am	\$120	
	PM: 3:30 pm -6:00pm	\$150	
	AM & PM	\$225	
3 DAYS	AM: 6:30 am -8:30am	\$155	
	PM: 3:30 pm -6:00pm	\$195	
	AM & PM	\$285	
4 DAYS	AM: 6:30 am -8:30am	\$184	
	PM: 3:30 pm -6:00pm	\$230	
	AM & PM	\$330	
5 DAYS	AM: 6:30 am -8:30am	\$200	
	PM: 3:30 pm -6:00pm	\$250	
	AM & PM	\$370	

Choose from an attendance option above. Initial your selection. This form must be signed and dated by the parent/guardian and Program Director. **Due to staffing requirements, we must have 30 days' notice for any change in attendance OR if your child will no longer be attending the program.** Otherwise, you will be invoiced and responsible for payment. Please keep a copy of this form for your records

_____ (Child's Name)

_____ (Printed Name and Signature of Parent or Caregiver)

_____ (Date)

_____ (Signature of Program Director)

_____ (Date)