

2019-2020 - EARLY ARRIVAL/LATE DISMISSAL PROGRAM RESPONSE FORM

CHILDS NAME: _____ GRADE: _____

(One form per child)

Please enroll my child in the Early Arrival/Late Dismissal Program at the times indicated below:

Mon	Tue	Wed	Thu	Fri	# Days	X	Rate	=	Total Per Trimester
AM	AM	AM	AM	AM	_____	X	\$41.00	=	\$_____
PM	PM	PM	PM	PM	_____	X	\$69.00	=	\$_____
BOTH	BOTH	BOTH	BOTH	BOTH	_____	X	\$110.00	=	\$_____

Total Charges \$_____*

***PLEASE BILL MY ACCOUNT THIS AMOUNT BEFORE EACH TRIMESTER.**

PLEASE DO NOT SEND IN PAYMENT. YOUR CHARGES WILL BE BILLED TO YOUR SMART TUITION ACCOUNT

I understand the policies pertaining to the Early Arrival/Late Dismissal Program and agree to abide by them.

Parent Name (please print) Parent Signature Date

The following people are authorized to pick up the above named child from Late Dismissal:

Primary (please print) Alternate #1 Alternate #2

BUSINESS OFFICE USE ONLY

FIRST TRIMESTER

WEEK OF	MON	TUE	WED	THU	FRI
Aug. 12					
Aug. 19					
Aug. 26					
Sept. 02					
Sept. 09					
Sept. 16					
Sept. 23					
Sept. 30					
Oct. 07					
Oct. 14					
Oct. 21					
Oct. 28					

SECOND TRIMESTER

WEEK OF	MON	TUE	WED	THU	FRI
Nov. 04					
Nov. 11					
Nov. 18					
Dec. 02					
Dec. 09					
Dec. 16					
Jan. 06					
Jan. 13					
Jan. 20					
Jan. 27					
Feb. 03					
Feb. 10					
Feb. 17					
Feb. 24					

THIRD TRIMESTER

WEEK OF	MON	TUE	WED	THU	FRI
Mar. 02					
Mar. 09					
Mar. 23					
Mar. 30					
Apr. 06					
Apr. 13					
Apr. 20					
Apr. 27					
May 04					
May 11					
May 18					
May 25					