



**with an
annual plan**

For annual plans please return your agreement to the CAS Business Office prior to or on the first day of school.

If you have questions or need more information, please email crosinski@charlesarmstrong.org



Charles Armstrong School

**2011-2012
Morning & After-school Care**

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 \$ 75	\$ _____
Thursday \$ 75	\$ _____
Friday \$ 75	\$ _____
Total for all days \$ <u>375</u>	Total selected \$ _____

After-school Care MWTHF 3-4 pm & Tues 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 \$ 330	\$ _____
Tuesday \$ 1,000	\$ _____
Wednesday \$ 360	\$ _____
Thursday \$ 360	\$ _____
Friday \$ 350	\$ _____
Total for all days \$ <u>2,400</u>	Total selected \$ _____

After-school Care MWTHF 3-5:30 pm & Tues 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 \$ 730	\$ _____
Tuesday \$ 1,460	\$ _____
Wednesday \$ 800	\$ _____
Thursday \$ 800	\$ _____
Friday \$ 720	\$ _____
Total for all days \$ <u>4,510</u>	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 \$ 75	\$ _____
Total for all days \$ <u>375</u>	Total selected \$ _____

After-school Care MWTHF 3:15- 4 pm & Tues 1-4 pm
Includes care from 1-4 pm on all early dismissal days

Annual Plan	I wish to enroll my child in:
Monday \$ 260	\$ _____
Tuesday \$ 920	\$ _____
Wednesday \$ 280	\$ _____
Thursday \$ 280	\$ _____
Friday \$ 280	\$ _____
Total for all days \$ <u>2,020</u>	Total selected \$ _____

After-school Care MWTHF 3:15-5:30 pm & Tues 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 \$ 640	\$ _____
Tuesday \$ 1,380	\$ _____
Wednesday \$ 730	\$ _____
Thursday \$ 730	\$ _____
Friday \$ 650	\$ _____
Total for all days \$ <u>4,130</u>	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 _____