

Signal Mountain Christian School After School Care Program Payment Sheet

Name(s): _____

After School Program _____ Younger Sibling Program _____

Choose one of the following:

- Date(s): _____
- Week of _____
- Month of _____

Amount Paid: _____

Refer to program fees listed below.

**Younger Sibling Program: \$4.00 on Tuesdays & \$8.00 on Thursdays
(Except in August: \$8.00 on Tuesdays & Thursdays)**

Regular Program fees:

Kindergarten, First & Second
Grades:

Monday	4.5 hours	\$14.00
Tuesday	3.5 hours	\$10.00
Wednesday	4.5 hours	\$14.00
Thursday	4.5 hours	\$14.00
Friday	4.5 hours	<u>\$14.00</u>

Total for week *\$66.00*

Third, Fourth, & Fifth Grades:

Monday	4.5 hours	\$14.00
Tuesday	2.5 hours	\$ 8.00
Wednesday	4.5 hours	\$14.00
Thursday	2.5 hours	\$ 8.00
Friday	4.5 hours	<u>\$14.00</u>

Total for week *\$58.00*

Note: Please place sheet & payment in envelope labeled for After School Care and send in your child's folder.

Please write the dates in the memo section of your check.