



**AFTER-SCHOOL PROGRAM
YEARLY CONTRACT
September 2013 – June 2014**

Print and complete this form and return to the Business Office by August 31, 2013.

If your child(ren) will use the After-School Program at least 3 days/week on a regular basis, you may complete this contract to receive a discounted rate. The Business Office will send monthly bills (equal installments) to you over a 9-month period, October – June.

Child #1 _____

Child #2 _____

Child #3 _____

Please register my child(ren) for the programs I have indicated below.

	Contract fee for first child / siblings	Child #1	Child #2	Child #3	Usual days of attendance (circle)
All (169) school days	\$2,900 / \$2,570				
4 days per week	\$2,480 / \$2,170				M T W Th F
3 days per week	\$1,980 / \$1,740				M T W Th F

Parent(s) to whom bills should be sent (PRINT) _____

Best way to contact me/us with questions _____

Parent signature _____ Date _____

Occasional attendance at after-school is available if staffing permits. Call ahead to find out if space is available that day. You do not need to use this form. It is charged at the daily rate, and billed to you monthly.

Daily rate

Afternoon 3-6pm	\$22 / \$19
Full Day	\$71/ \$40
Half-day 12:30-6pm	\$36 / \$20
Late fee	\$1 per minute after 6pm

Return this form to The Business Office

The Miquon School, 2025 Harts Lane, Conshohocken PA 19428 (fax 610-828-6149)

Billing questions to 610-828-1231 or business@miquon.org

Business Office: copy to Connie EDP staff