Extended Enrichment
After-school Care Registration Form 2022/2023
Kindergarten—5th Grade

Student's Name:_____ Grade in 22/23:____ Program Start Date:_____

Teacher's Name (if known):_____ Parent/Guardian Name:_____

Mailing Address:_____

City:_____ State:_____ Zip code:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Email address: _____ Are you a current Grace/Cascade Employee: Yes ☐ No ☐

EE: After-school Care Reservation Worksheet

Please indicate the sessions and days you are requesting **After-school Care** for your child by placing an "X" in the appropriate boxes.
Fees are assessed per session (Every Monday = 1 session). Each session is $65.00 per month.

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
After-school Care K-2nd: 2:30-6:00pm 3rd-5th: 2:45-6:00pm					

Use the formula below to calculate your monthly Extended Enrichment fees:

Number of sessions of the week _____ at $65 per session = _____ = monthly payment.

I intend to register my child for the days indicated in the Reservation Chart for the 2022/2023 school year. I understand that the rate of $65 per session will be due on the FIRST of each month; September through June. If my payment is not received by the 10th of each month, a late fee will be applied to my account for the following month. Failure to settle accounts in a timely manner may result in the removal of my child from the program.
I also acknowledge that any changes to my child's schedule must be made by the 20th of the month prior to the start of the new schedule in order for my bill to be adjusted.

Parent Signature: **Date:**

_____ _____

Please return completed form to the Grace Christian School Office or mail to:
Grace Christian School
555 Airport Road Medford OR 97504
extendedenrichment@gracechristian.org www.gracechristian.org*541-858-7260

GRACE CASCADE
CHRISTIAN SCHOOLS