

**ALPHA ACADEMY
AFTER-SCHOOL REQUEST FORM**

Date of Request _____

Student's Name (full) _____ Grade 3

Parent/Guardian Name _____ (father/mother, etc.) _____

Physical Address _____ City _____ Zip code _____

Home phone number _____ Work phone _____ Alternate phone _____

Parent/Guardian Name _____ (father/mother, etc.) _____

Physical Address _____ City _____ Zip code _____

Home phone number _____ Work phone _____ Alternate phone _____

Emergency Contact Name _____ Phone _____

Address _____

Days after-school program needed _____

After-School Program Guidelines

Parents are responsible for picking up students no later than 6:00 p.m. Parents will be charged \$1 for each minute after 6:00 p.m.

The school must be notified 5 days in advance if after-school services for a child need to be changed.

The after-school rate is \$40 for the week (5 days). Days less than 5 days will be assessed at \$10 per day. Discounts are applicable for more than 1 child in the same household. The rate for 2 children in the same household is \$65 per week if they attend the after-school. The rate is \$80 for 3 children in the same household if they all attend the after-school program.

If services are less than 5 days the rate is \$10 per day for the 1st child; \$8 for the 2nd child if 2 are in the same household and \$7 for the 3rd child if 3 are in the after-school program and live in the same household.

Parent/Guardian Signature _____ Date _____