

Valwood offers two after school programs. Please use this form to sign up your child for either or both programs. **Please use a separate form for each child you are enrolling.**

Extended Day is offered from 2:15 PM to 5:30 PM from Monday to Friday and provides a structured environment for your child to stay in after school. The school is locked at all times so please call 229-585-9231 Ext 7306 for the extended day teacher and your child will be brought to you.

I wish to enroll my child		in the Extended Day program.
	(Name of Child)	
I prefer to be billed as follows:		
Monthly \$128.00		Child's Grade
Bi-Annual \$1267.20) (1% discount)	
Annual \$1254.40 (2	2% discount)	Teacher's Name
(,	

For families that have circumstances develop and need extended day drop in services, please call Susan Elliott and provide your child's name and dates they will be attending so extended day staff and teachers will know your child will be going to extended day. The charge is \$15 per day and a separate invoice will be sent for these services.

Homework Hour Program is offered for <u>third through fifth grades only</u> from 3:00 PM to 4:00 PM from Monday to Wednesday and provides structured time to work on homework and obtain assistance when needed from a teacher who teaches at the same grade level.

_____ I wish to enroll my child ______ in the Homework Hour program for Grade_____.

(Name of Child)

I prefer to be billed as follows: _____ Monthly \$153.00 _____ Bi-Annual \$1514.70 (1% discount) _____ Annual \$1499.40 (2% discount)

Extended Day and Homework Hour Programs combined offers Homework Hour followed by Extended Day for three days a week and then two days of full extended day. The weekly Extended Day rate is lower for children in both programs.

I wish to enroll my child		in the Homework Hour and Extended
Day programs.	(Name of Child)	
I prefer to be billed as follows: Monthly \$223.00 Bi-Annual \$2207 Annual \$2185.40	.70 (1% discount)	
Print parent's name:		Cell #:
Parents signature:		Date:
	(See back for Emergency Cont	act Information)

Pick up/Contacts

The following people have permission to pick up my child in the case of an emergency, illness or accident, in the event I cannot be reached.

Name	Address	Work #	Cell #	
Name	Address	Work #	Cell #	
Signature		Date		