



After School Care

with Calida Statham

3:15 – 5:30 p.m.

Please enroll my students for the following days each week:

| | |
|-------------------------|-----------------------------|
| Circle days needed: | Mon. Tues. Wed. Thurs. Fri. |
| One day per week | \$40.00/month/child |
| Two days per week | \$76.00/month/child |
| Three days per week | \$114.00/month/child |
| Four/Five days per week | \$150.00/month/child |

Drop-in Rate - \$7.00/hour Late fee - \$1.00/minute after 5:30

Make checks payable to: Calida Statham or you may Venmo to @calidasthamaftercare



Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Parents _____

Address _____

Home Phone _____ Email _____

Mom's Cell _____ Dad's Cell _____

Emergency List of Names: List below persons who may pick up your child or be notified in case of an emergency if parents cannot be reached. Check who is authorized for child pick-up.

| Name | Relationship to child | Phone Number | May pick-up |
|----------|-----------------------|--------------|--------------------------|
| 1. _____ | _____ | _____ | <input type="checkbox"/> |
| 2. _____ | _____ | _____ | <input type="checkbox"/> |
| 3. _____ | _____ | _____ | <input type="checkbox"/> |

Parent's signature _____ Date _____

Return this form to: Calida Statham / 72 Valley View Dr. / Byron, GA 31008 / Phone: 478-718-2240