



**After School Program Fees (Transportation NOT Included)
School Year 2023-2024**

Member's Name: _____

Grade: _____ **School:** _____ **Phone #:** _____

Month	Fees	Fees for Additional Children	15% Scholarship	30% Scholarship	50% Scholarship	Charge my Credit Card
August	\$91	\$73	\$77	\$64	\$46	
September	\$140	\$112	\$119	\$98	\$70	
October	\$140	\$112	\$119	\$98	\$70	
November	\$112	\$90	\$95	\$78	\$56	
December	\$112	\$90	\$95	\$78	\$56	
January	\$112	\$90	\$95	\$78	\$56	
February	\$133	\$106	\$113	\$93	\$67	
March	\$98	\$78	\$83	\$67	\$49	
April	\$147	\$118	\$125	\$103	\$74	
May	\$154	\$123	\$131	\$108	\$77	
June	\$21	\$17	\$18	\$15	\$11	

CLUB CLOSED

Labor Day, Veterans Day, Thanksgiving Day, Day After Thanksgiving, Winter Break 12/25-1/1, Martin Luther King Day, Memorial Day, Independence Day.

Every child in your family exceeding the first automatically receives a 20% discount on monthly fees. **All fees are due by the 24 of each month for the following month.** Service to a member may be terminated after 3 late payments. **Please make all cash and check payments in the office.**

☐ **Yes, you have my authorization to charge my credit card every month.**

I understand that fees will be charged to my card automatically on the 24th day of the month for the following month, if I have checked the box giving you authorization to charge my credit card every month. **No** refunds or credit will be given after the 3rd business day of that month.

Credit Card Authorization

Name as it appears on the card: _____

Billing Address: _____ **Billing Zip Code:** _____

Circle Card Type: **Master Card** **Visa** **American Express**

Card Number #: _____ **Exp. Date:** _____ **CVC:** _____

Authorizing Signature: _____ **Date:** _____