

Sign Up for **AFCA** October 2019

* Please complete and submit to afca@lemondeprograms.org or drop into the AFCA box at Le Monde School. Registration and payment are due by the first day of school.

Student: _____ Grade: _____ Teacher: _____

Parent/Guardian: _____ Phone Number: _____

Email Address: _____

This form is required to receive the AFCA Daily Rate of \$16 per day.

In order to qualify for the daily rate, you must select 1-5 days **of the week for the entire month** to prepay for Ex: you may prepay for all Mondays, or all Mondays/Fridays, or all Mon/Wed/Fri.

However, the daily rate does not apply for only one Wednesday one week and one Thursday the next. **The schedule must be consistent the entire month.** If you need AFCA on an irregular basis, you may use the Drop-In Rate of \$10/hr.

Please indicate which days you will be prepaying for on the calendar below:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

\$64

\$80

\$80

\$80

\$48

= \$ _____ Total

Please indicate whether you will be paying by _____ check _____ PayPal

Please have submitted a 2019 medical waiver as well as a signed liability acknowledgement from the back of the AFCA Handbook, available for download at www.lemondeprograms.org