

Sign Up for **AFCA** April 2020

* 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 | | |
| | \$48 | \$64 | \$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