2016-17 2-hr PPS Late Opening Care Participation Form

KIDZONE (Glencoe Students Only); **CARE OFFERED 7:00-10:00AM**

Child 1 Name: _____ **Grade:** _____ **School:** _____

Child 2 Name: _____ **Grade:** _____ **School:** _____

Child 3 Name: _____ **Grade:** _____ **School:** _____

Please check the box BELOW each Late Opening you would like your child to ATTEND:

☐ Wed, September 21	☐ Wed, October 19	*NO Late Opening in November*	☐ No *Opening in* December	☐ Wed, January 18	☐ Wed, February 15	☐ Wed, March 15	☐ Wed, April 19	☐ Wed, May 17	*NO Late Opening in June*

I authorize my above named child(ren) to participate in the above indicated Late Opening Care Programs in the 2016-17school year offered by PJA-Afterschool.All required fees are also included with this form, *if applicable,* and I understand that additional fees may be incurred if I do not cancel with advance notice or arrive late for pick-up. ***Non Program Members Only***: I agree that I have submitted a signed and completed 2016-17 PJA-Afterschool Vacation Program Emergency Form as is required for any Late Opening or Vacation Day participation.

Email: _____

Cell Phone: _____ **Work Phone:** _____

Parent/Guardian PRINTED Name: _____

Parent/Guardian Signature: _____ **Date:** _____

LATE OPENING CARE FEES:

Program Participants:

Vacation Care Tuition members – ***Cost of this Care*** *is included in Monthly Tuition!*

Regular Care Tuition members – ***$20*** *per child/Late Opening Care day*

Non-Program PARTICIPANTS:
$25 *per child/ Late Opening Care day*

A 10% Sibling Discount is offered to all families with more than one participating child!

PARTICIPATION DEADLINES:

ONE Business Week Prior to the Late Opening Care day for which you are enrolling

Participation forms may be accepted after deadline, if space is available.

Call/Email the PJA-Afterschool Dept. Director to inquire about available space, 503.535.3546, nhaskins@pjaproud.org

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Is your child a Vacation Tuition Member: ◯ **YES** ◯ **NO –** *If Yes, no additional fees for Participation are Required AT THIS TIME!*

All OTHER Participants MUST complete a payment option below to be eligible for Participation

TOTAL Late Open Program Fees DUE: _____

◯ I have included a check payment: ***Made Payable To*** *– Portland Jewish Academy or PJA*

◯ **Please Charge the Credit Card I ALREADY have on File with PJA**
(this option is ONLY applicable if you have submitted the 2016-17Auto-Payment Form)

☐ **Use NEW credit card listed below:**

VISA ☐ Credit Card # _____ Exp. Date _____

MasterCard ☐ Name as it appears on card: _____

- 10% of the Participation Fees are Non-Refundable.
- Cancellations must be made in writing (email is accepatable) to the PJA-Afterschool Dept. Director.
- Cancellations made at least one week prior to the Late Opening Care Program will receive a 90% refund. Cancellations made after one week before the Late Opening Care Program, will only receive a 50% refund.
- No Shows or Same Day Cancellations will be charged a fee on all Late Opening Care days with a Waitlist, including Vacation Tuition Members.

AFTERSCHOOL DEPARTMENT OFFICE ONLY –

Date Received: **Payment Received:** Y N N/A **Confirmation Card Sent:** Y N **Date:**

Received by: **Total Fees Received:** Check Credit **$**_____ **Late Fees,** *if any*: