



Jamestown Presbyterian Church
After-School Enrichment Program
1804 Guilford Road, Jamestown, NC. 27282
336-454-0816

REGISTRATION FORM FOR 2016-2017 SCHOOL YEAR

***NON-REFUNDABLE FEE OF \$150.00 PER CHILD \$50. FOR SIBLINGS**

Child's Name _____ Grade Aug, 2016 _____ D.O.B. _____

Child's Name _____ Grade Aug, 2016 _____ D.O.B. _____

Child's Name _____ Grade Aug, 2016 _____ D.O.B. _____

School: Florence Pilot Other _____

Address _____ City _____ NC Zip _____

Home Phone _____

Moms Name _____ Moms Cell _____ Moms Email _____

Dads Name _____ Dads Cell _____ Dads Email _____

REGULAR PICKUP – 2:45PM until 6:00PM \$150.00 per month, per child

Preferred payment is Auto Bill from your bank.

Cash, Money Order or Checks

MAKE ALL CHECKS PAYABLE TO JPCASEP

Annual receipts will be available January 31, 2017 for your taxes.

_____ **If you require a monthly receipt, please check here**

In consideration of JPCASEP accepting my child into the JPCASEP program for 2016-2017 term (August 24 - June 9), I accept financial responsibility for my child's fees. THE FIRST TUITION PAYMENT IS A COMBINED PAYMENT FOR AUGUST, SEPTEMBER AND JUNE AND WILL BE \$265.00 PER CHILD. PAYMENT IS DUE AT OUR OPEN HOUSE IN AUGUST. I UNDERSTAND THAT TUITION IS DUE THE 1st OF EACH MONTH AND I WILL INCUR A LATE FEE OF \$20.00 IF IT IS NOT RECEIVED BY THE 10TH OF EACH MONTH. Continued non---payment may result in dismissal from the program.

Signature of Parent or Legal Guardian

Date

--OFFICE USE ONLY--

Registration form and fee received: Date _____ Amount _____ Check or Cash _____