

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

REGISTRATION FORM FOR 2017---2018 SCHOOL YEAR
***NON---REFUNDABLE FEE OF \$100.00 PER CHILD \$50. FOR SIBLINGS**

Child's Name _____ Grade Aug, 2017 _____ D.O.B. _____
Child's Name _____ Grade Aug, 2017 _____ D.O.B. _____
Child's Name _____ Grade Aug, 2017 _____ 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, 2018 for your taxes.
_____ If you require a monthly receipt, please check here

In consideration of JPCASEP accepting my child into the JPCASEP program for 2017-2018 term (August 28 - 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 \$275.00 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 _____