

# BALDWIN REC AFTER SCHOOL PROGRAM

My child \_\_\_\_\_ will be attending

The after-school program on M T W TH F

And will be getting picked up at approximately \_\_\_\_\_

I agree to pay \_\_\_\_\_ the beginning of each week  
and additional \_\_\_\_\_ for weeks with an early release Friday.

I understand I need to pay the week in full even if my child is not  
attending , in order to hold their spot.

I understand there will be a \$10 late fee per week for non-payments.

**\*\*After 2 weeks of non-payment your child may not attend\*\***

**\*\* Until payment is paid in full. \*\***

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*Parent / Guardian Signature*

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*Date*