

**CHASE**  
COLLEGIATE SCHOOL  
EST. 1865

**AFTER SCHOOL PROGRAM REGISTRATION FORM  
2009 - 2010**

I would like to enroll my child, \_\_\_\_\_ Grade \_\_\_\_\_

Please select the day/days when you would like to enroll you child. If you select an hourly rate, please indicate the number of hours per day.

_____	Monday	_____ 1 Hour	_____ 2 Hours	_____ 3 Hours
_____	Tuesday	_____ 1 Hour	_____ 2 Hours	_____ 3 Hours
_____	Wednesday	_____ 1 Hour	_____ 2 Hours	_____ 3 Hours
_____	Thursday	_____ 1 Hour	_____ 2 Hours	_____ 3 Hours
_____	Friday	_____ 1 Hour	_____ 2 Hours	_____ 3 Hours

**Fees for the After School Program 3:10 - 6:00 P.M.**

Monday through Friday: \$94.00 per/week

Daily Rate: \$25.50 per/day

Hourly Rate: \$11.75 per/hour

**The Business Office will bill you monthly.**

**It is important that you call or e-mail the Lower or Middle School Office with any change to the above schedule.**

I will make the following pick-up arrangements:      Bus \_\_\_\_\_      Car \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE MAIL OR BRING THE COMPLETED REGISTRATION FORMS TO:**

Lower or Middle School Administrative Assistant  
Chase Collegiate School  
565 Chase Parkway, Waterbury, CT 06708