



Mary McLeod Bethune Day Academy Public Charter School
1404 Jackson St., N.E., Washington, DC 20017,
Phone: (202) 459-4710, Fax: (202) 536 2670
Web: www.mmbethune.org

May 23, 2018

Dear Parents/Guardians,

We are now accepting enrollment for Before and Aftercare during the 2018 Summer School session. Please take time to carefully review the following information and enclosed registration form.

Before and Aftercare will be available from Monday, July 2nd through Friday, July 27th for the following hours: Before Care 8–9 am; Aftercare 2–6 pm.

During Summer School, there will be two payment options for Aftercare:

Partial Aftercare is from 2–4 pm. **Full Aftercare** is from 2–6 pm.

There are also discounted prices for families paying in units of two siblings. Prices are listed below.

WEEKLY PRICE FOR 1 STUDENT		WEEKLY PRICE FOR 2 SIBLINGS	
Before Care Only -	\$25	Before Care Only -	\$35
Partial Aftercare Only -	\$60	Partial Aftercare Only -	\$100
Full Aftercare Only -	\$100	Full Aftercare Only -	\$160
Before Care + Partial Aftercare -	\$75	Before Care + Partial Aftercare -	\$125
Before Care + Full Aftercare -	\$110	Before Care + Full Aftercare -	\$175

We ask that completed registration forms with \$15.00 one-time registration fee are turned in by June 29, 2018 in order to ensure proper planning for students.

Please Note: Your child will not be able to attend until all forms are completed, submitted, and payment is received. Payments are due before the start of each week.

If you have any questions, please call the school at (202) 459-4710 or e-mail Ms. Ezell at t.ezell@mmbethune.org. We look forward to an exciting summer!

BEFORE AND AFTER SCHOOL CARE

MMBDA, SUMMER SCHOOL 2018

Child's Name (Last): _____ (First): _____ (M): _____

My child(ren) will be attending: (Before Care- 8-9 am | Partial Aftercare- 2-4 pm | Full Aftercare- 2-6 pm)

1 STUDENT- Before Care at \$25 /week Partial Aftercare at \$60 /week Full Aftercare at \$100 /week

Before + Partial Aftercare at \$75 /week Before + Full Aftercare at \$110 /week

2 SIBLINGS- Before Care at \$35 /week Partial Aftercare at \$100 /week Full Aftercare at \$160 /week

Before + Partial Aftercare at \$125 /week Before + Full Aftercare at \$175 /week

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Date of Birth: _____ (MM/DD/YYYY)

Father's Name: _____ e-mail: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ e-mail: _____

Work Phone: _____ Cell Phone: _____

In case of emergency, call (Other than parent or guardian):

Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Please list the names, relationships and phone numbers of anyone else authorized to pick up your child (ID will be required)

****IT IS THE RESPONSIBILITY OF THE CUSTODIAL PARENT TO NOTIFY THE AFTER SCHOOL PROGRAM IF NON-CUSTODIAL PARENT DOES NOT HAVE PERMISSION TO SIGN THE STUDENT OUT OF THE PROGRAM.**

Please describe any medical conditions or allergies we should be aware of:

By signing below, I affirm that:

- I am enrolling my child for Summer School Session 2018, for the hours from 8-9am and/or 2-6pm;
- Weekly payments will be made in cash or money orders, or by Paypal;
- If payment is not received, my child will not be allowed to attend until all fees are paid in full;
- In the event of late pick-up, I agree to pay a late fee of \$1 per minute assessed from the end time of my registered program up to the time of parent arrival;
- I give my permission for my child's photograph or video image to be used on promotional or informational materials, for positive public relations purposes within the school.

Parent/Guardian Signature: _____ Date: _____