After School Care Request Form

This form is for students who need after school childcare/homework help in our licensed childcare center.

Name of Parent/Guardian: ________________________________________________________

Child’s Name ________________________________  Date of Birth ___________  Gender _________

Address: ____________________________________ City: _________________  Zip code: ___________

Contact Phone Number: ________________________________ Email: __________________________

1. **Days & Time: Please circle all that applies to your child’s care.**

   Name of school your child attending _________________________________________

   Dismissal Time on M, T, TH and F ____________  On Wed. ________________

   Days: M ____  T ____  W ____  TH ____  F ____

2. **Afterschool care pick-up by**

   Parent ____________________________ or _______________________________

   Pick-up time: _______________________ (Please pick up your child by 5:30 pm)

3. **Food allergy**  Yes ___  No _____  Other sickness __________________________

4. **Tuition**

<table>
<thead>
<tr>
<th>Time</th>
<th>After School Care</th>
<th>Wednesday only (12:30~5:30 pm)</th>
<th>Class fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00 pm - 5:30 pm</td>
<td>$750.00/month</td>
<td>$250</td>
<td>$50 for a 1.5-hour class</td>
</tr>
<tr>
<td>Pick-Up from school</td>
<td>$100/Month</td>
<td>$5 per pick-up</td>
<td>No pickup during childcare week</td>
</tr>
</tbody>
</table>

5. **Language Classes** (please see enrichment class flyers)

**Contact information:**

425-747-4172 (Please leave a message if no one answers)

[www.apls.org](http://www.apls.org)

Director: 425-641-1703  Email: apls@apls.org