

ACES AFTER SCHOOL SPORTS
ELEMENTARY (K - 5) / SESSION 2
(SEPTEMBER 4 – SEPTEMBER 28, 2018 – 4 WEEK SESSION)

DAILY SCHEDULE 3:00PM – 4:30PM

CIRCLE YOUR DAY(S)/SPORTS(S)

MONDAY
(SOCCER)



TUESDAY
(BASKETBALL)



WEDNESDAY
(SOCCER)
(Week 1 & 3)



THURSDAY
(BASKETBALL)



FRIDAY
(SOCCER)



AND
(FLAG FOOTBALL)



AND
(HOCKEY)
(Week 2 & 4)



AND
(FLAG FOOTBALL)



COST : \$60 (4 Weeks / 1 Day a Week - \$15 Day) \$192 (4 Weeks / 4 Days a Week - \$12 Day)
 \$112 (4 Weeks / 2 Days a Week - \$14 Day) \$220 (4 Weeks / 5 Days a Week - \$11 Day)
 \$156 (4 Weeks / 3 Days a Week - \$13 Day)

*****CHECKS ONLY***** Payable to the City of Aventura (Please write on memo line: After School Sports, student's name and the month your paying for)

(Absenteeism and/or inclement weather does not change fees).

*******(NO AFTER SCHOOL SPORTS ON EARLY RELEASE AND TEACHER PLANNING)*******

PLEASE COMPLETE THE REGISTRATION FORM ON THE BACK



AFTER SCHOOL SPORTS

REGISTRATON FORM

After School Sports is a MONTHLY offering by the school. A check ONLY made to the City of Aventura must be made by the end of the 1st week of the new session. Late payment will result in a \$15 late fee for that month and the student will not be allowed in the After School Sports program until payment is current. City of Aventura Aftercare fees will apply after 15 min for late pick-up.

E-Mail: _____ IS YOUR CHILD IN AFTER CARE? YES ___ M/T/W/TH/F NO ___

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

Sex: ___ D.O.B. _____ Grade attending in August 2018: ___ Teacher: _____

Does the student have any allergies? YES/NO If YES, please specify: _____

Mother's/Father's/Guardian Name: _____
(First Name) (Last Name)

Cell Phone: _____ Home Phone: _____

I, _____ have read and understand the payment schedule and procedures for the Aventura City of Excellence School After School Sports program.

Signature of parent enrolling child

Date

FOR REGISTRATION OR QUESTIONS PLEASE CONTACT
COACH FRANCIS
frajotte@aventuracharter.org