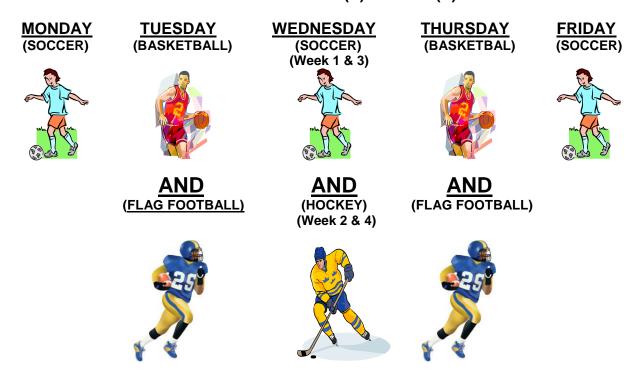
## **ACES AFTER SCHOOL SPORTS**

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)



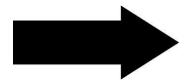
<u>COST</u>: \$60 (4 Weeks / 1 Day a Week - \$15 Day) \$192 (4 Weeks / 4 Days a Week - \$12 Day) \$112 (4 Weeks / 2 Days a Week - \$14 Day) \$220 (4 Weeks / 5 Days a Week - \$11 Day) \$156 (4 Weeks / 3 Days a Week - \$13 Day)

\*\*\*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 <u>MONTHLY</u> offering by the school. A check <u>ONLY</u> made to the City of Aventura must be made by <u>the end of the 1<sup>st</sup> week of the new session</u>. 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 hav	ve any allergies? YES/NO If YE	S, please specify:
Mother's/Father's/Gua	rdian Name:	
	(First Name)	(Last Name)
Cell Phone:	Home Phone:	
I, Aventura City of Excel	have read and understand lence School After School Sports	the payment schedule and procedures for the s program.
Signature of parent e	prolling child	Date

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