



# Washington Township 2017 Thanksgiving Break Registration Form

Currently enrolled in AYS at \_\_\_\_\_  New to AYS (\$15 enrollment fee)

Select a Break Location (required):  Fox Hill  John Strange

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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Parent/Guardian's Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_

Medication/Special Needs (attach all forms) \_\_\_\_\_

Mark an X in the box below to indicate the date(s) your child(ren) will attend (required):

11/20	11/21	11/22

### Break Pricing per Child

3 days	Per day	
\$100.00	\$35.00	Before November 6
\$110.00	\$40.00	After November 6

Do you currently receive  CCDF or  AYS Financial Assistance? (please select)

If you receive CCDF, vouchers must be moved to the selected break location no later than noon on Thursday, November 16, 2017.

Please call 317- 283-3817 ext. 134 with any financial assistance questions.

No deposit required for families who receive funding.

Please check if applicable:  Current military service member  Employee of a school district in which AYS operates

- A non-refundable **\$25 deposit** per child is due with registration. This deposit is applied toward your break fees.
- If your child is not currently enrolled in AYS, please complete an AYS 2017-18 school-year enrollment packet in addition to this form. **There is a \$15 break enrollment fee for children not currently enrolled in AYS.**
- **The Thanksgiving break early bird discount ends: Monday, November 6, 2017**
- Your Thanksgiving break fee balance is due no later than: **Monday, November 20, 2017**

**PLEASE REMEMBER TO PACK A LUNCH FOR YOUR CHILD EACH DAY.**

### PARENT AGREEMENT

Refunds/discounts cannot be granted for absences due to illness or vacation. When you register your child(ren) for Thanksgiving break, you are reserving time, space, staffing and provisions, whether or not your child(ren) attend(s). By signing below, I agree to pay for the day(s) I have indicated above regardless of my child(ren)'s attendance and agree to all other AYS enrollment terms as stated in my 2017-18 enrollment materials.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card Payment

Please charge my full Thanksgiving break fees (including deposit) to my credit card on file. I understand that my credit card will be charged when my Thanksgiving break registration form is processed.

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Use Only			
Amount Included	Date Received	Check/MO #	Staff Initials