

After School Care Request Form

Name of Parent/Guardian:						
Child's Name			Date of	Birth	Gender	
Address:			City:	Zip o	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.	Afterschoo	l care pick-up by				
	Parent		or			
	Pick-up time: (Please pick up your child by 5:30 pm)					
3.	Food allerg	y Yes No	Other si	Other sickness		
4.	Tuition				T	
		M, T, TH, F	After School Care	Wednesday only (12:30~5:30 pm)	Class fee	
		3:00 pm - 5:30 pm	\$750.00/month	\$250	\$50 for a 1.5-hour class	
		Pick-Up from school	·	\$5 per pick-up	No pickup during childcare week	

5. Language Classes (please see enrichment class flyers)

Contact information:

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

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