

TIME WELL SPENT

Phone (626)403-6177 (626)799-4354
Billing: 626-403-6161

FEE INFORMATION

\$50 Annual Family Registration Fee

Non refundable registration fee required for all students participating in the after school care program.

AFTER SCHOOL CARE (Full time)
3:00 - 6:00 PM (12:00 - 6:00 on half days) \$60 per week

DROP-IN (as needed basis) \$17 per day

DROP-IN ON HALF DAYS (as needed basis) \$22 per day

TWS LATE FEE IS \$5.00 plus \$1.00 PER MINUTE AFTER CLOSING



TWS REGISTRATION FORM

Family Name:		_	Dad Cell: ()	
Mom Cell: ()				
Home Address: _				
Child's Name:	1		Grade:	
	2		Grade:	
	3		Grade:	
	FULL TIME		DROP IN T	
	E	mergency Conta	cts:	
Name:			()	
For your child's sa	authorized persons to pick unafety, we <i>MUST</i> be notified of (ren) to anyone without you	of any changes co	oncerning pick up. TWS personnel CANNO	
1		2		
3		4		
Allergies or specia	al medical note:			
Payment Date:	Cash: C	heck #	-	