

Kindergarten – Grade 8 After School Program Contract 2019-2020 School Year

Student's Name: _____ Grade: _____ (K - 8)

Attending Elementary School: _____

Home Room Teacher: _____ School Phone: _____

Student Health Card #: _____ Expiration Date: _____

Program dates: Regular school days between September 3, 2019 and June 25, 2020.

Monthly charge:

_____ 5 days / 2:45 p.m. – 6:00 p.m., \$400.00

OTHER - Please indicate your requested days and times per week. (Circle days requested)

_____ 5 days / 2:45 p.m. – 6:00 p.m., \$25.00/Day M T W Th F

_____ 4 days / 2:45 p.m. – 6:00 p.m., \$25.00/Day M T W Th F

_____ 3 days / 2:45 p.m. – 6:00 p.m., \$30.00/Day M T W Th F

_____ 2 days / 2:45 p.m. – 6:00 p.m., \$30.00/Day M T W Th F

_____ 1 day / 2:45 p.m. – 6:00 p.m., \$35.00/Day M T W Th F

_____ Drop In, \$19.00 per hour.

_____ After School Pick Up, \$5.00/Student.

After 6:00 p.m. you will be billed at the rate of \$1.00 per minute for the first 10 minutes and \$2.00 per minute thereafter.

We jointly and severally agree to pay to TEAM ELITE MARTIAL ARTS LIMITED the After School Program fees selected above.

Signature: _____ Date: _____
(Parent/Guardian Financially Responsible for Student)

Signature: _____ Date: _____
(Parent/Guardian Financially Responsible for Student)

Signature: _____ Date: _____
(Head Instructor of Team Elite Martial Arts Limited)

Return to the business office at:

5-730 Upper James Street Hamilton Ontario L9C 2Z9

or

Scan and send to: teamelitemartialarts@gmail.com