



Rates:

- Daily Drop Off (M-T-R-F 2:00pm - 6:30pm • W 1:00pm - 6:30pm) \$40.00 - Payment Due at time of Drop off
- Daily with Transportation \$52.00 - Payment Due 24 hours in Advance

- Weekly Drop Off (M-T-R-F 2:00pm - 6:30pm • W 1:00pm - 6:30pm) \$91.00 - Payment Due at time of Drop Off
- Weekly with Transportation \$107.00 - Payment due one week prior to pick up week

- Monthly Drop Off (M-T-R-F 2:00pm - 6:30pm • W 1:00pm - 6:30pm) \$307.00 - Payment Due by the 25th of the prior month
- Monthly with Transportation \$358.00 (\$231.00 for middle schoolers) - Payment Due by the 25th of the prior month

- * 10% Sibling Discount (On Weekly or Monthly Rates Only)
- * All After School Participants must be current members of Sun Country (\$60.00 Annual Family Fee)

Field Trip Rates:

Field Trips are FREE for all pre-paid monthly tuition customers ONLY! All others must pay \$16.00 per field trip. A Sun Country Field Trip T-shirt (\$12.00) must be worn on each Field Trip.

Millhopper Transportation:

Sun Country West will offer a daily shuttle to our Millhopper location. The bus will leave the West facility at approximately 6:00pm each day. Transportation sheets must be filled out in advance. This service is offered FREE of charge! This service requires a minimum of 3 students per day. Please let us know in advance if interested.

Late Fees:

- * All payments not collected by the stated due date will be assessed a \$25.00 late fee.
- * \$5.25 per child per hour for children picked up after 6:30pm daily.

Student Name: _____ Date of Birth: _____
 School: _____ Grade: _____ Teacher: _____

Select your choice of pickup days:

- Monday Tuesday Wednesday Thursday Friday Millhopper Team Transport

The following individuals are authorized to pick up my child from Sun Country After-School:
(Must include: Name, Relation, Phone, Cell Phone)

1. _____
2. _____
3. _____
4. _____

Indicate any medicine your child takes regularly, or any medicine we may dispense (i.e. Tylenol or Ibuprofen):

Indicate any medical conditions that may affect your child's behavior: _____

Indicate any allergies or restrictions on activity: _____

Parent / Guardian Signature _____ Date _____

For Office Use Only:			
Start Date: _____	Amount Paid: _____	Cash <input type="checkbox"/>	Check# _____ Charge <input type="checkbox"/>
<input type="checkbox"/> Sun Country Registration Form			
<input type="checkbox"/> Medical Treatment Release and Transportation Form			

Medical Treatment and Transportation Form

Every year each After-School member must have an updated "Medical Treatment Release and Transportation Form" filled out. These forms allow coaches, instructors, and staff members to authorize any medical emergency treatment. Form is due prior to the first day of Funrichment After-School.

I, _____
do hereby grant permission for my child,

_____ to travel and participate in all After-School activities with Sun Country Sports Center, Inc., coaches, their staff or assistants. I also not only grant permission for, but also encourage any necessary emergency medical treatment that may be required due to injury during these activities.

Checking this box states that I have read and acknowledged the items outlined in the Sun Country Registration Agreement & Waiver

Mother's Full Name: _____
 Mother's Home Number: _____
 Mother's Cell Phone: _____
 Mother's Work Phone: _____
 Other: _____

Father's Full Name: _____
 Father's Home Number: _____
 Father's Cell Phone: _____
 Father's Work Phone: _____
 Other: _____

Emergency Contact if parent/guardian cannot be reached:

Name: _____
 Relation to Child: _____
 Phone: _____
 Cell Phone: _____

Parent / Guardian Signature _____ Date _____