



CASA REGISTRATION AGREEMENT

Family Name: _____

1st Child Name: _____

2nd Child Name: _____

3rd Child Name: _____

WE ARE REGISTERING FOR:

1. _____ **Full time AFTER-SCHOOL CASA (3-5 days a week)**

*Option 1: Yearly cost added to FACTS up front _____ *Option 2: Receive monthly emailed bill

2. _____ **Part time AFTER-SCHOOL CASA (1-2 days a week) Monthly bill option only**

3. _____ **BEFORE-SCHOOL CASA**

4. _____ **Discounted Drop-Off Rate only Monthly bill option only**

I/We have read the information regarding CASA Fees, Payments and Expectations with my/our child and we agree to follow the policies and procedures described above and in the handbook.

Mother/Guardian signature _____

Date _____

Mother's phone _____ Mother's email _____

Father/Guardian signature _____

Date _____

Father's phone _____ Father's email _____