



**Academic Assistance
After School Program
8370 Maxfield Road, Naples, 14512
(585) 374-6076 www.abclearnwithme.com**

Hours of Operation-School Week Days
After school program: from after school delivery to 5:00.

Cost of Program *Groups of no less than 3 students/no more than 6
*There are no family member discounts for program.

Registration is open to children in **Grades K-3**, with month to month commitments. Children's schedules may call for all weekly sessions or any combination however scheduling and payment is made prior to the month of service.

This is **not** a babysitting service and is not a service to be used periodically.

The program is designed to increase academic performance with a daily checks and reinforcement of the regular classroom assignments, on-going projects, and homework.

The Academic Assistance Program is offered only on the days that school is in session.

There is a \$5.00 additional cost for every quarter hour (1-15min./16+/etc.) late fee for children who are not picked up by parent or guardian on or before the 5:00 p.m. pick-up time. That fee is payable at the time of pick-up.

Name _____ Address _____ _____ _____ Phone _____ Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check Signature _____	Start date- _____ Month of- <input type="checkbox"/> 1 day (\$15.00 per session) <input type="checkbox"/> 2 days (\$14.00 per session) <input type="checkbox"/> 3 days (\$10.00 per session) <input type="checkbox"/> 4 days (\$9.00 per session) <input type="checkbox"/> 5 days (\$8.00 per session) <input type="checkbox"/> Past 5:00 p.m. late departure l fee	<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">Day Attend</td> <td style="text-align: left;">Price</td> </tr> <tr> <td><input type="checkbox"/> 1 day (\$15.00 per session)</td> <td>\$15.00 wk</td> </tr> <tr> <td><input type="checkbox"/> 2 days (\$14.00 per session)</td> <td>\$28.00 wk</td> </tr> <tr> <td><input type="checkbox"/> 3 days (\$10.00 per session)</td> <td>\$30.00 wk</td> </tr> <tr> <td><input type="checkbox"/> 4 days (\$9.00 per session)</td> <td>\$36.00 wk</td> </tr> <tr> <td><input type="checkbox"/> 5 days (\$8.00 per session)</td> <td>\$40.00 wk</td> </tr> <tr> <td><input type="checkbox"/> Past 5:00 p.m. late departure l fee</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal: _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">_____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: _____</td> </tr> </table>	Day Attend	Price	<input type="checkbox"/> 1 day (\$15.00 per session)	\$15.00 wk	<input type="checkbox"/> 2 days (\$14.00 per session)	\$28.00 wk	<input type="checkbox"/> 3 days (\$10.00 per session)	\$30.00 wk	<input type="checkbox"/> 4 days (\$9.00 per session)	\$36.00 wk	<input type="checkbox"/> 5 days (\$8.00 per session)	\$40.00 wk	<input type="checkbox"/> Past 5:00 p.m. late departure l fee		Subtotal: _____		_____		Total: _____	
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Karen Pettrone-Keber, M.S.

*Emergency Contact Information
Please list the name and contact information for your child in case of an emergency in the space below- THANKS!*
