



Echelon Academy
 900 Olney Sandy Spring Road
 Sandy Spring, MD 20860
 301-570-0999
 highflyers@echelonacademy.com

High Flyers After School Registration Form

STUDENT INFORMATION

Student's Name: _____ Male ___ Female ___ Age: _____ DOB: _____

Current Grade: _____ School Name: _____

List any learning disabilities your child may have: _____

GUARDIAN INFORMATION

Father: _____ Step-Father: _____ Guardian: _____ Mother: _____ Step-Mother: _____

Full Name: _____

Address: _____

Work Number: _____ /Home Number: _____

Cell Number: _____ /Email: _____

Person(s) authorized to pick up the student: 1 _____ 2 _____

Select Student Arrival Day(s) and Time(s): From 4:00 to 6:00, Monday-Friday

Day(s)	Arrival Time(s)	Length of Session		
_____ Mon.	_____ pm	(1)Hr. _____	(1.5)Hrs. _____	(2)Hrs. _____
_____ Tues.	_____ pm	(1)Hr. _____	(1.5)Hrs. _____	(2)Hrs. _____
_____ Wed.	_____ pm	(1)Hr. _____	(1.5)Hrs. _____	(2)Hrs. _____
_____ Thurs.	_____ pm	(1)Hr. _____	(1.5)Hrs. _____	(2)Hrs. _____
_____ Fri.	_____ pm	(1)Hr. _____	(1.5)Hrs. _____	(2)Hrs. _____

\$13.00/Hour Discounts are provided as more days and times are registered.

****We follow the MCPS weather cancellation policy for after school activities.****

PARENT PERMISSION IS REQUIRED FOR ALL PROGRAMS

I the undersigned parent/guardian having legal custody/legal guardianship of said minor, give permission for them to attend the Echelon Academy's After School Program. I hereby knowingly assume all risks and dangers inherent and incidental to the activities for which I have given permission and thereby, will not hold Echelon Academy, and staff liable for any injuries incurred during these activities. I do hereby grant permission for photos and video of my child to be used by Echelon Academy for promotional and educational purposes.

Parent Name: _____ Signature: _____

Complete a separate form for each child. Monthly Payment Plan on Back.



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Monthly Payment Plan

High Flyers is paid by the first day of each month, for the days in which you have enrolled.

Monthly Fee After 4pm.

<u>Hours/day</u>	<u>1 day</u>	<u>2 days</u>	<u>3 days</u>	<u>4 days</u>	<u>5 days</u>
1	\$52	\$104	\$156	\$187	\$234
1.5	\$78	\$156	\$234	\$280	\$351
2	\$104	\$208	\$312	\$374	\$468

You may pay by credit card, check, cash. The most convenient way to cover enrollment is to establish an automatic payment plan with a credit card on file. Payments are processed on the 1st of each month. If credit card payment is preferred, please complete the form below.

Monthly Payment Amount: _____ Payment Option: _____ Credit Card _____ Check _____ Cash

Name of Card Holder: _____

Credit Card Number: _____ Expiration date: _____

CVC Code: _____ Address: _____

I understand the High Flyers program terms are based on enrollment not attendance.

Parent/Guardian Name: _____

Signature: _____

Date: _____
