



# **Tillamook Adventist School**

## **After School Program**

*Mon-Thur 3:15pm-6:00pm*

*Fri 12:15pm-4:00pm*

Kindergarten – 8<sup>th</sup> grade

### **RATES – PRE-PAID**

<b>DAYS PER WEEK</b>				
<b>1 Day</b>	<b>2 Day</b>	<b>3 Day</b>	<b>4 Day</b>	<b>5 Day</b>
\$60/mo	\$115/mo.	\$145/mo.	\$168/mo.	\$190/mo.



TILLAMOOK ADVENTIST SCHOOL  
AFTER SCHOOL PROGRAM

HOURS: *Mon-Thur* 3:15pm – 6:00pm  
*Friday* 12:15pm - 4:00pm

**STATEMENT OF AGREEMENT**

I understand that the TAS After School Program is operated by and is an extension of Tillamook Adventist School as a service to our parents. All conduct, discipline procedures, sick policy, and weather closure follow the TAS handbook, remaining the same as when school is in session.

I understand that any paperwork I have filled out or signed in connection with TAS will apply and can be used within the realm of the TAS After School Program. This includes, but is not limited to Immunization Records, Medical Treatment Forms, Media Use Policy, etc.

I understand that there is a pre-paid monthly fee if my student(s) attends on a regular basis and that fee depends on the number of days/week my student(s) attend.

I understand that my child will be released only to a designated persons (listed on the Enrollment Form) for pick-up, and must be ready to show proper identification if not already known by the staff.

I will communicate any questions or concerns to one or more of the following:

Matt Hunter, TAS Principal: 503.842.6533

Judi Clark, TAS Vice-Principal: 503.842.6533

Student Name \_\_\_\_\_ Grade \_\_\_\_ Days/Wk\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_ Days/Wk\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_ Days/Wk\_\_\_\_

Printed Name of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_