AFTER SCHOOL CARE PROGRAM

REGISTRATION FORM

Please fill in the registration form and submit to the Admission Officer to enroll your child in the ASCP.

Name of the student: _____ **Grade Level**: _____

Father's Name: _____ **Mobile No**. _____

Mother's Name: _____ **Mobile No**. _____

Select ✓ the session-hour below for your child:

- ☐ **Session 1** – 2:30 to 3:30 p.m.
- ☐ **Session 2** – 3:30 to 4:30 p.m.
- ☐ **Session 3** – 4:30 to 5:30 p.m.

The cost of the ASCP per SEMESTER

HOURS/DAY	ONE HOUR PER DAY	TWO HOURS PER DAY	THREE HOURS PER DAY
FEES PER SEMESTER	SR 4,500	SR 9,000	SR 13,500

Select ✓ on the service(s) below to offer your child:

- ☐ **Homework Supervision** (provided for all subjects)
- ☐ **Re-teaching** – please specify the subject(s): _____
- ☐ **Extra Lesson** – please specify the subject(s): _____

NOTE:

Please understand that the **Re-teaching and Extra Lesson** session cover only **ONE** subject per HOUR. The program is provided for each session payable per semester.

The fee is non-refundable once the student attends the program.

_____ _____

Parent's Signature Date

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OFFICIAL USE

Date: _____

The parent has paid for:

Semester _____ Subject(s): _____

Starting Date: _____

Notified to the Support Coordinator ☐

Notified to the Section Coordinator ☐

_____

Admission Officer Signature