



**Academic Assistance  
After School Program  
8370 Maxfield Road, Naples, 14512  
(585) 374-6076 [www.abclearnwithme.com](http://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></td> <td style="text-align: right;">\$15.00 wk</td> </tr> <tr> <td></td> <td style="text-align: right;">\$28.00 wk</td> </tr> <tr> <td></td> <td style="text-align: right;">\$30.00 wk</td> </tr> <tr> <td></td> <td style="text-align: right;">\$36.00 wk</td> </tr> <tr> <td></td> <td style="text-align: right;">\$40.00 wk</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		\$15.00 wk		\$28.00 wk		\$30.00 wk		\$36.00 wk		\$40.00 wk	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!*

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