



2023-2024 PALS Before/After School Program

K-4th Grade (NLS Students Only)

Class Code: 23FPALS Early Bird Fee: \$35 per child by August 8th

After August 8th Fee: \$45 per child (If room is available)

Registration Deadline for 1st day of school — August 15th (unless filled prior)

Late applications will be taken if room is available (with 2 week notice)

You can choose Before School, After School or Both

Before School Program (School Days Only—Unless Marked) HOURS: 7–8am

Before School Location: Prairie Woods Cafetorium/Gym **Cost per day/per child: \$5.00**

After School Program (School Days Only—Unless Marked) HOURS: 3– 5:30pm

After School Location: Prairie Woods Elementary Cafetorium **Cost per day/per child: \$8.00**

PALS Phone: 320-354-2252 x2627

Looking for a safe structured environment for your child before or after school? PALS is the place to be. Monthly themes, daily activities to choose from and being with your friends = GREAT TIME! Mornings will consist of recess or homework time. Afternoons, your child will have time to do activities that are geared to excite and extend your child's interest and learning development. Snacks are included daily. You may make changes to your schedule throughout the month but please be aware that any cancellations not received by Wednesday at Noon for the following week will be charged as attended. Add-ons are welcome if room permits. Please call ahead for approval before sending your child. Please notify the PALS line directly with any changes. If your child is sick, please notify the PALS line so they don't look for them after school 320-354-2252 x2627. Afternoon notifications not received by contacting the PALS line directly prior to 2:45pm may be subject to an additional fee for tracking down your child's whereabouts. Late calendars/pickups are subject to late fees. Please fill out registration page and return with your registration fee. (All billing will be done by EFT or Credit Card Payments—after registration fee is paid)

Registration and Family Information Form—Please mark care needed.

☐ Before School Only ☐ After School Only ☐ Both Before/After School

Child's Name: _____ Grade: _____ DOB: __/__/____ Teacher: _____

Child's Name: _____ Grade: _____ DOB: __/__/____ Teacher: _____

Parent 1/Guardian: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Parent 2/Guardian: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Please list any health conditions/food allergies that your child has that we should be aware of:

If your child gets ill or an emergency arises and we are unable to reach you, who may we contact?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please list all persons that have permission to pick up your child/children other than those listed above.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

This is your registration form. Please return this along with your registration fee.

Registration fees are non-refundable.

P.A.L.S Payment Plans for 2023-2024 School Year

Please let us know how you would like your billing to be handled.
Return by August 15th or prior to starting.

Frequency of payments:

☒ **Bi-monthly (payments taken out 1st and 15th of each month**)**

Payment Options:

_____ Credit/Debit Card number _____ Exp: _____ Security Code _____
(Visa, Mastercard, or Discover charged bi-monthly as marked above)

Name on Card _____ Phone Number _____
Please Print

_____ Electronic Funds Transfer (EFT). **Voided check must be attached.**
(To be charged bi-monthly as marked above) Must use a personal account when setting up an EFT payment

I authorize my bank to make payment to New London-Spicer PALS program. I agree that treatment of such payment shall be the same as if it were signed personally by me. Payment shall be made via the following method.

***** MUST ATTACH VOIDED CHECK*****

Bank Name _____ Name on Account _____

Routing Number _____ Account Number _____

I authorize said Electronic Funds Transfer charges so long as I have a commitment to New London-Spicer PALS program. I understand that cancellation of EFT authorization in no way relieves me of any obligations to fulfill contractual obligations.

Payer's Signature _____ **Date** ____/____/____

You may choose to discontinue the program by giving NLS Community Education & Youth Services a 30-day written notice. Discontinuing the program will also revoke the electronic payment. NLS Community Education & Youth Services reserves the right to discontinue or limit the program due to an individual's non-payment. Collection and attorney fees may be added to the balance of your debt in-the-event that your account may go into default. A late fee of \$25 will also incur. There will be a \$25 service charge for insufficient funds, stop payment, or account closed.
I agree to abide by this contract and fulfill my financial obligation for

_____ to attend PALS.
Student Name(s)

Parent Name _____ Phone _____ Date _____

****Bi-Monthly Payment Schedule As Follows:**

Accounts must stay up to date for students to continue to attend.

Payments NOT processed due to insufficient funds or closed accounts will be charged \$25/week until paid.

Payment schedule will be based on school calendar—TBD

See below for example of billing schedule.

Aug 28th-Sept 8th	Taken September 15th
Sept 11th-22nd	Taken October 2nd
Sept 25th-Oct 6th	Taken October 16th
Oct 9th-Oct 18th	Taken November 1st

**** Payment Schedule Subject to Change**

August 28th – September 29th

K-4 Before/After School PALS Attendance Calendar

Child(ren)'s Name: _____



Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Aug 28	Aug 29	Aug 30	Aug 31	Sept 1	2
	No School Full Day Rate \$40 _____	No School Full Day Rate \$40 _____	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	
3	Sept 4	Sept 5	Sept 6	Sept 7	Sept 8	9
	NO PALS Labor Day	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	
10	11	12	13	14	15	16
	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	
17	18	19	20	21	22	23
	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	
24	25	26	27	28	29	
	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	Before School _____ After School _____	

***One Calendar per family unless schedules are different for each child**

--Please X on each day attending

***Calendars are due back by August 15th for childcare in September. After September monthly calendars will be due by 20th of each month.**

Calendars turned in after the due date will be charged a \$20 fee.

Return calendars to lillebergt@isd345.org or fax to 320-354-1433.

***Drop ins for same day will NOT be accepted**

***Changes to calendars must be in by Wednesday noon for the next week by calling the PALS line directly at 320-354-2252x 2627**

**PALS Rates:
\$5 Before School
\$8 After School
Per Child**

PALS Phone number 320-354-2252 x 2627

For PALS Attendance Changes

Please make sure if you are making changes to your child's schedule that you notify their teacher along with the PALS phone line. Especially same day. If your child is sick please leave a message at the PALS line so we know they will not be attending.

Afternoon notifications not received by contacting the PALS line directly prior to 2:45pm may be subject to an additional fee for tracking down your child's whereabouts. Please leave message if no one answers.

Messages are checked on a regular basis.