

**MARSHALL ACADEMY  
AFTER SCHOOL PROGRAM  
2023-2024 School Term**

Children enrolled at Marshall Academy (3K through 6<sup>th</sup> grade) are eligible to attend our Extended Day Program.

Program Rates:

Regular, full-time program charges:	1 child \$250 per month
	2 children \$350 per month

Drop-In after school program charges:	Per child	\$15.00 per day
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**Workers:**

Harriet Caldwell (901-634-7428)

Cheryl Jones (662-544-4104)

Payments for students signed up for regular full-time should be paid by bank or credit card draft. **The fee for regular, full-time students will remain the same each month. August-May. Monthly pricing has taken into consideration school holidays.**

Students who attend on a drop-in basis will be billed directly by bookkeeping for services. Payments for these services should be sent or mailed to the school to

Marshall Academy  
ATTN: Bookkeeping  
100 Academy Drive  
Holly Springs, MS 38635

**AFTER SCHOOL PROGRAM  
ENROLLMENT FORM for 2023-2024**

**CHILD (1)** \_\_\_\_\_

**Grade for 2023:** \_\_\_\_\_

First Middle Last

CHILD (2) \_\_\_\_\_ Grade for 2023: \_\_\_\_\_  
First Middle Last

CHILD (3) \_\_\_\_\_ Grade for 2023: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Child lives with: \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both Parents \_\_\_\_\_ Other: \_\_\_\_\_

**Mother's Information:**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Father's Information:**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Emergency Contact Person :**(1) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(2) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

The following people are allowed to pick up my child: \_\_\_\_\_

The following people **ARE NOT ALLOWED** to pick up my child: \_\_\_\_\_

List any **MEDICAL PROBLEM** your child may have: \_\_\_\_\_

**AFTER SCHOOL PROGRAM PAYMENT SELECTION  
For 2023-2024 School Term**

**I. BANK DRAFT**

Marshall Academy is hereby authorized to establish a bank draft for payment of EXTENDED DAY

PROGRAM FEES. I further authorize Marshall Academy and the Bank of Holly Springs to initiate entries to my checking or savings accounts and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect through the school term or until the school, bank and your financial institution have reasonable opportunity to act on it. **A voided check for this account must accompany this authorization to obtain necessary financial institution information, or provide bank information.**

Bank Name \_\_\_\_\_

Type of Account:  Checking  
 Savings

Bank Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

Name on Account: \_\_\_\_\_

Number of children enrolled in After School Care: \_\_\_\_\_

Draft Amount: \$ \_\_\_\_\_ Payment Date: \_\_\_ 1<sup>st</sup> \_\_\_ 15<sup>th</sup> (AUGUST- MAY)

**II CREDIT CARD- 3.0% Finance Charge**

Marshall Academy is hereby authorized to initiate entries for payment of EXTENDED DAY PROGRAM FEES to my credit card as listed below. I further authorize Marshall Academy to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect through the school term or until the school or credit card service have reasonable opportunity to act on it.

Type of Credit Card:  VISA  MasterCard  American Express  Discover

Card Information:

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Number of children enrolled in After School Care: \_\_\_\_\_

Draft Amount: \$ \_\_\_\_\_ Payment Date: \_\_\_ 1<sup>st</sup> \_\_\_ 15<sup>th</sup> (AUGUST - MAY)

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

