

**MARSHALL ACADEMY
AFTER SCHOOL PROGRAM
2024-2025 School Term**

Children enrolled at Marshall Academy (3K through 6th 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
---------------------------------------	-----------	-----------------

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 2024-2025

CHILD (1) _____ **Grade for 2024:** _____
First Middle Last

CHILD (2) _____ **Grade for 2024:** _____
First Middle Last

CHILD (3) _____ **Grade for 2024:** _____
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 2024-2025 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: ___1st ___15th (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: ___1st ___15th (AUGUST - MAY)

SIGNATURE _____

DATE _____

