



**1052 Newport Avenue, So. Attleboro, MA 02703**  
**Phone: (508) 761-5552 Fax (781) 761-3577**  
**www.dayspringag.org**

**AFTERCARE PREPAY DEPOSIT FORM**

Dayspring is establishing a new mandatory payment procedure to pay for extended/aftercare programs. Each family utilizing the program will be required to deposit a \$100.00 prepayment toward the care bill incurred each month. That amount will be retained toward future statements. A monthly statement will be issued for actual usage. If the full monthly payment is not made by the next billing cycle, usage will be suspended until paid. This must be paid monthly. We need families to stay ahead throughout the year. Any money left in your care account will be applied to your last statement and the excess, if any, refunded.

Please fill out the information below and bring it to the office with your \$100.00 deposit.

Please detach and return with payment

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Date: \_\_\_\_\_ Amount depositing: \$ \_\_\_\_\_

Name of student(s): \_\_\_\_\_

Person responsible for payments: \_\_\_\_\_

Estimated time per week using before/aftercare: \_\_\_\_\_

Current Due: \_\_\_\_\_ Deposit: \_\_\_\_\_ Form CT1 – 08/10