



PALOUSE PRAIRIE CHARTER SCHOOL

nurturing minds | inspiring leaders

BEFORE SCHOOL CARE REGISTRATION FORM

Student Name _____ Grade _____
First Middle Last

Parent/Guardian Name: _____ Phone: _____

I am enrolling my child for Before School Care during the **2026-2027** school year. I understand this is a monthly commitment. I also understand the program runs from 7:15 AM to 8:10 AM on instructional days within the Palouse Prairies Charter School Calendar.

\$60/month

Payment is due on or before the 5th of the month, for the current month. A late fee of \$5/day may be assessed for payment received after the 5th. Full payment is expected, regardless of non-attendance due to illness, vacation, holidays, or program cancellation/delay due to emergency conditions. There are no credits or refunds for non-attendance.

Signed _____ Date _____

Mail to: Palouse Prairie Charter School
406 Powers Ave
Moscow, ID 83843

☐ Enclosed is a \$60 non-refundable payment for the first month.