



Mainspring
Academy

LATE PICK-UP SLIP

Parent Name: _____

Date: _____

Student Name: _____

PICK-UP TIME

After-School	2:51pm	2:52pm	2:53pm	2:54pm	2:55pm	2:56pm	2:57pm	2:58pm	2:59pm	3:00pm	<
Aftercare	5:31pm	5:32pm	5:33pm	5:34pm	5:35pm	5:36pm	5:37pm	5:38pm	5:39pm	5:40pm	<
Fee	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00	\$60.00 flat-rate drop-in fee

Total \$____.____ owed by the 1st of the month

Staff Signature: _____