

# HOLY CROSS SCHOOL

Mrs. Christine L'Abbé, Principal

## Before and After School Care Program

*\*Please return with your registration packet*

### REGISTRATION 2017-18

Student Last Name: \_\_\_\_\_

Student First Name: 1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

#### PROGRAM INFORMATION

Holy Cross School offers a Before and After School Care Program. The program is available 7:15 AM – 8:35 AM and 3:00 PM – 5:15 PM on school days. . All after care students **must** be picked up not later than 5:15 PM. Any day where scheduled early dismissal occurs, After Care will run 12:00 noon until 5:15 PM. There may be an exception when no after care is available on an early release day. Sufficient notice would be given if this situation arises.

Please indicate below which Payment option you choose for the 2017-18 school year.

\_\_\_\_\_ Pay by the hour: billed in 15-minute increments, \$6/hour for the first child and \$3/hour for each additional child from the same family.

\_\_\_\_\_ Pay a lump sum (per child) on a monthly basis for unlimited before and after care.

It is preferable to send invoices via e-mail, otherwise statements will be sent via mail to the responsible party indicated below. **Payment is expected when bills are received.** Please be prompt on payments. If an account becomes more than 2 weeks overdue, children will not be allowed to attend the Before and After Care program until all balances are paid in full. Parents are encouraged to pre-pay their child care account to avoid overdue balances.

#### Parent Information

##### **Father:**

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

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_  
Home Other

Emergency contact \_\_\_\_\_

##### **Mother:**

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

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_  
Home Other

Emergency contact \_\_\_\_\_

Student(s) resides with: \_\_\_\_\_

Who has **financial responsibility** for this student? \_\_\_\_\_

Invoices should be mailed to: \_\_\_\_\_

***I have read and reviewed this information and agree to abide by the payment terms as indicated above.***

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_