



Holy Cross Catholic School

Before/After School Care Registration Form

PARENT/GUARDIAN NAMES: _____

Phone number at which a parent can be reached at all times: _____

Alternate phone number to reach parent/guardian if necessary: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____ Alternate E-Mail Address: _____

CHILD'S NAME: _____ AGE: _____ SEX: _____

CHILD'S NAME: _____ AGE: _____ SEX: _____

CHILD'S NAME: _____ AGE: _____ SEX: _____

Please make us aware of any specific concerns that we should be aware of while your child is in our care:

Please choose one of the following:

- I will need care for my child each day after school yes____ no____
- I will need care for my child each day before school yes____ no____
- I will need care for my child but the days and times may vary each day after school Y____ N____
- I will need care for my child but the days/times will vary each day before school Y____ N____

I understand that to register for the program I will need to pay a **\$25.00 fee** that enrolls me in the program and is not refundable. All other fees will be paid through a billing system on a bi-weekly basis.

The fee structure is as follows:

After school rates: \$6.00 per hr. for one child \$4.00 per hr. for second child and \$2.00 per hr. for third
Before school rates: \$3.00 for one child \$2.00 for second child and \$1.00 for third.

After school you will be billed for the entire half hour regardless of whether you stay for that time allotment or not). Families will be billed for \$5.00 a minute after 6:00 p.m. Please be sure to help accommodate our leaders by being on time.