

Holy Trinity Catholic School 2017 – 2018 Before Care & After Care Program Registration Form

Mother (Guardian) _____ Father (Guardian) _____

First and Last name of Student	Grade	Estimated Use (# Hours/ week)	Circle the days			
_____	_____	_____	M	T	W	TH F
_____	_____	_____	M	T	W	TH F
_____	_____	_____	M	T	W	TH F

Please mark the date(s) your child will attend Half Day After Care (12:00PM – 6:00PM):

_____ November 23th _____ December 21nd *If not enough participation after care will not be available these days.

Fees:	1 Hour	2 hour delay 1 Hour	2 hour delay 2 Hour	2 hou delay 3 Hour			
Before Care	\$7.25	\$7.25	\$8.25	\$9.25			
Fees:	1 Hour	2 Hours	3 Hours		4 Hour	5 Hours	6 Hours
After Care	Monday-Friday				Half Day		
1 st Child	\$7.25	\$8.25 <i>(\$1 more)</i>	\$9.25 <i>(\$2 more)</i>	1 st Child	\$18.00	\$20.00 <i>(\$2 more)</i>	\$22.00 <i>(\$2 more)</i>
2 nd Child	\$4.25	\$5.25 <i>(\$1 more)</i>	\$6.25 <i>(\$2 more)</i>	2 nd Child	\$9.00	\$10.00 <i>(\$1 more)</i>	\$11.00 <i>(\$1 more)</i>
3 rd Child	\$3.00	\$4.00 <i>(\$1 more)</i>	\$5.00 <i>(\$2 more)</i>	3 rd Child	\$7.00	\$8.00 <i>(\$1 more)</i>	\$ 9.00 <i>(\$1 more)</i>

Authorized and Emergency Pick Up: Including yourself, please list anyone you authorize to pick up your child(ren) and who can be contacted in case of an emergency. Please list 2 numbers for each contact. Children will only be released to these individuals unless a note is sent in. Please inform the authorized person to be prepared to show identification.

Parent/ Guardian: _____ 2 Phone Numbers _____

Parent/ Guardian: _____ 2 Phone Numbers _____

Authorized Person: _____ 2 Phone Numbers _____

Authorized Person: _____ 2 Phone Numbers _____

Please list any medical conditions, allergies or concerns that the staff should be aware of:

I understand the terms of the Before Care and After Care programs and will adhere to the guidelines. **The Before Care and After Care programs cannot serve children who display disruptive behavior. If a child cannot adjust to the setting and behave appropriately, the child will be discharged.**

Parent/Guardian Name/Signature(s):

_____ Date _____
Print Name Signature

_____ Date _____
Print Name Signature