

Sept. 2019 Before & After School Care Schedule Agreement

Child's Name: _____

Please complete one form for each child.



Holy Cross Catholic School
 6100 37th Street West
 Webster, MN 55088
 Phone: 952-652-6100 X?
 Email: ?@holycrossschool.net

Mon	Tue	Wed	Thu	Fri
2 No School	3 AM _____ PM _____	4 AM _____ PM _____	5 AM _____ PM _____	6 AM _____ PM _____
9 AM _____ PM _____	10 AM _____ PM _____	11 AM _____ PM _____	12 AM _____ PM _____	13 AM _____ PM _____
16 AM _____ PM _____	17 AM _____ PM _____	18 AM _____ PM _____	19 AM _____ PM _____	20 AM _____ PM _____
23 AM _____ PM _____	24 AM _____ PM _____	25 AM _____ PM _____	26 AM _____ PM _____	27 AM _____ PM _____
30 AM _____ PM _____				

Please check the before and after school care sessions your child will attend.

_____ AM Sessions @ \$12 per child = \$ _____.

_____ PM Sessions @ \$17 per child = \$ _____.

Total Cost of Child Care in September, 2019 = \$ _____.

Schedule Agreement deadline is August 15, 2019. A \$10.00 late fee will be charged for schedules received after deadline.

The sessions you choose will be charged to your TADS account prior to services. Sessions and days may be not swapped. Additional sessions may be added if space is available at the drop in rates. Drop in for AM and PM sessions is upon availability and for an additional charge of \$3.00 per session per child. Drop in payments are due the same day as service and may be made by check or on our school website. Checks should be made payable to Holy Cross Catholic School.

Parent's Name: _____

Date: _____

Please email completed form to ?@holycrossschool.net, mail or drop off in the school office.