



# Holy Family RCS AfterCare

## Permission/Payment Form

Office use only

Student Name	Grade
Student Name	Grade
Student Name	Grade
Student Name	Grade
Student Name	Grade

/	/
Schedule for the week of Monday:	
/	/
Additional week of Monday:	
/	/
Additional week of Monday:	
/	/
Additional week of Monday:	
/	/
Additional week of Monday:	

This form along with online prepayment is due by 5PM, the Friday (or last day of the week) prior to any days selected for attendance on the worksheet below to avoid an added \$5.00 Drop-In Fee.

Schedule [Place an <input type="checkbox"/> or <input checked="" type="checkbox"/> in the day(s) & time(s) attending]								
Pick-Up Time	Mon	Tue	Wed	Thu	Fri	Total # of Days	Fill In Rate Select appropriate rate from chart	Amount Due
3:25pm							X	
4:25pm							X	
5:25pm							X	
If this form is being used to schedule on a Drop-In basis, then online payment is now due. CARES late payment policy is enforced. \$10 late payment fee is assessed in 2 days from submission of this form without payment.							Add Drop-In Fee + \$5.00 if applicable	
							Pay Total Online	

### AfterCare Rate Chart

Pre-Scheduled Student Rate	Pick-up by	3:25pm	4:25pm	5:25pm
	1 child	\$7/day	\$14/day	\$21/day
	2+ children	\$14/day per family	\$21/day per family	\$28/day per family

Drop-In students pay at rates above and add \$5.00 flat fee once for the week.

My child/children is/are authorized to remain after school at Holy Family Regional Catholic School (HFRCS) and to attend the *AfterCare Program* during the dates and times clearly noted above. I understand that this form is date-stamped upon receipt. I agree to pay for services at the prevailing rate determined by when this form is received by HFRCS. I am aware of the *AfterCare* policy for late child pick-up and corresponding late charges.

X \_\_\_\_\_  
Parent Signature is required