



Welcome to the **After School Care Program**. Our program offers an environment consistent with our school philosophy dedicated to providing your child or children with a balanced atmosphere. The hours of supervision are 2:30-6:00pm. After school, your child can socialize with classmates, complete homework (with assistance as needed) and play under the supervision of caring educators without leaving the familiar and nurturing environment of Holy Cross Academy.

**Holy Cross Academy Full Day Rates**

	<u>2:30-4:00 p.m.</u>	<u>2:30-6:00 p.m.</u>
1 child	\$12	\$20
2 children	\$16	\$24
3 children	\$20	\$28
4 children	\$24	\$32

**Holy Cross Academy Half Day Rates**

	<u>12:00-2:30 p.m.</u>	<u>12:00-4:00 p.m.</u>
1 child	\$20	\$24
2 children	\$24	\$30
3 children	\$28	\$32
4 children	\$32	\$40

**Non-registered Families for Full and Half Day (drop-ins)**

1 child	\$22	\$32
2 children	\$37	\$47
3 children	\$47	\$57
4 children	\$57	\$67

**Payment Policy:** a non-refundable registration fee of \$50 (check made payable to Holy Cross Academy) must accompany the registration form. No child may come to ASCP if he/she is not pre-registered. A \$10 late pick-up fee will be charged if a student is not picked up by 6:00pm on full days and 4:00pm on half days.

HOLY CROSS ACADEMY AFTER SCHOOL CARE PROGRAM

(ASCP) REGISTRATION FORM

Family Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Emergency Names: List adults we may call if neither parent can be reached in case of an emergency. (This includes early closings of ASCP due to inclement weather)

Names \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Names \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Names \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

WE WILL NOT RELEASE A CHILD TO ANYONE WHOSE NAME DOES NOT APPEAR ON THIS FORM. IF AT A LATER DATE YOU WISH TO ADD OR DELETE NAMES FROM THE LIST YOU MUST DO SO IN PERSON. PHONE CONTACT DOES NOT APPLY.

Please indicate any allergies or other concerns we should be aware of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_