



HOLY CROSS PRESCHOOL AFTER SCHOOL CARE PROGRAM

Pre-School Rates:

Monday through Friday

	<u>11:45-1:30</u>	<u>11:45-3:00*</u>
1 child	\$14.00	\$20.00
2 children	\$18.00	\$24.00

If you are interested in participating, a non-refundable registration fee of \$50 (check payable to Holy Cross School) must accompany the return of the registration form.

***Pre-Scheduling** – if possible, it would be very helpful if we know each week which day(s) your child will be attending. Please provide Mrs. Martinez with a weekly/monthly calendar.

A \$10 late pick-up fee will be charged if a student is not picked up by 3:00pm. (***special accommodations for later pick up can be arranged if a child has a K-8 sibling in After Care.**)

Contact:

Nory M. Martinez

A.S.C.P Director

nmartinez@holycrossrumson.org



HOLY CROSS 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 _____