

AFTER SCHOOL PROGRAM FORM

A COMPLETED FORM IS REQUIRED FOR ALL FAMILIES. THESE ARE KEPT ON FILE IN THE AFTERSCHOOL PROGRAM IN THE EVENT THAT A CHILD(REN) MUST STAY AFTER SCHOOL.

HOLY NAME CATHOLIC SCHOOL OFFERS AN AFTERSCHOOL PROGRAM AS AN EXTENSION OF THE EXISTING SCHOOL DAY. CHILDREN MUST BE CURRENT STUDENTS OF HOLY NAME CATHOLIC SCHOOL AND MUST BE REGISTERED IN THE AFTERSCHOOL PROGRAM.

THE PROGRAM OPERATES FROM 3:00 P.M. – 5:30 P.M. ON SCHOOL DAYS ONLY. THE SCHEDULE INCLUDES, FREE PLAY, REST, HOMEWORK TIME, AND HOMEWORK ASSISTANCE. A NUTRITIOUS SNACK WILL BE SERVED DAILY. PRORATED FEES ARE NOT AVAILABLE. WRITTEN CONFIRMATION OR A PHONE CALL FOR DROP-INS WILL BE ACCEPTED. THE AFTERSCHOOL PROGRAM WILL NOT OPERATE ON WEEKENDS, HOLIDAYS, OR SCHOOL VACATION PERIODS. A CHILD BECOMES A DROP-IN 15 MINUTES AFTER THEIR DISMISSAL TIME AND THE STUDENT'S ACCOUNT WILL BE CHARGED ACCORDINGLY.

THE AFTER SCHOOL PROGRAM WILL OPERATE FROM 12:00 – 5:30 P.M. ON EARLY DISMISSAL DAYS

MONTHLY FEES		DROP-IN FEES	
1 CHILD	\$130.00	AFTERSCHOOL PROGRAM PER DAY/PER CHILD	\$10.00
2 CHILDREN	\$165.00	EARLY DISMISSAL DAYS PER DAY/PER CHILD	\$15.00
3 CHILDREN	\$200.00		
4 CHILDREN	\$235.00		

THE AFTERSCHOOL PROGRAM WILL BE CLOSED ON THE FOLLOWING DATES: THANKSGIVING HOLIDAYS, CHRISTMAS & NEW YEAR HOLIDAYS, SPRING BREAK, LAST DAY OF SCHOOL

I WISH TO BE BILLED (MUST CHECK ONE): () REGULAR MONTHLY PROGRAM () DROP-IN ONLY

STUDENT(S) ENROLLING IN THE PROGRAM:

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

PERSON RESPONSIBLE FOR ASC (IF OTHER THAN PERSON PAYING THROUGH FACTS):

PARENT/GUARDIAN NAME: _____ CELL PHONE: _____

ADDRESS: _____

I, _____, UNDERSTAND THAT CHARGES FOR THE AFTERSCHOOL PROGRAM ARE IN ADDITION TO MONTHLY TUITION & MUST BE PAID THE FOLLOWING MONTH THROUGH FACTS TUITION.

I AGREE TO INFORM THE SCHOOL IN WRITING IF MY CHILD STOPS USING THE PROGRAM OR I WISH TO CHANGE MY BILLING PREFERENCE. UNTIL SUCH TIME, I UNDERSTAND I WILL BE BILLED ACCORDING TO MY PREFERENCE NOTED ABOVE. PAYMENT MUST BE PAID IN FULL REGARDLESS OF THE NUMBER OF DAYS ATTENDED EACH MONTH. THE AFTER-SCHOOL PROGRAM WILL BE CHARGED AND PAID ONLY THROUGH FACTS TUITION.

PARENT/GUARDIAN SIGNATURE:

DATE: