

HOLY CROSS SCHOOL
PreK – Grade 6
BEFORE AND AFTER SCHOOL CARE PROGRAM
2020-2021

Enrollment and Payment Policy

Registration is completed when the following items have been received.

- Registration for Holy Cross School is completed.
- Registration form for the Before and After Care Program is completed and signed.
- Registration fee of \$50.00 is paid - please make checks payable to Holy Cross School. This registration fee is nonrefundable.
- There is no financial aid available for Before and After School Care.
- The program is only available when school is in session.

Payment is charged by the ¼ hour at the following rates:

Annual Rates:

Unlimited Before & After Care – one child:	\$2,850
Unlimited Before & After Care – two children:	\$3,350
Unlimited Before & After Care – three children:	\$3,850
Unlimited Before Care – one child:	\$700
Unlimited Before Care – two children:	\$950
Unlimited Before Care – three children:	\$1,200
Unlimited After Care – one child:	\$2,200
Unlimited After Care – two children:	\$2,450
Unlimited After Care – three children:	\$2,700
Family – one child:	\$8.50 per hour
Family – two children:	\$11.50 per hour
Family – three children +:	\$13.50 per hour

Note: (You will be charged according to the number of children enrolled in program whether child is absent or not.)

Hours of Operation

Before School Care	7:00 AM – 8:00 AM
After School Care	2:30 PM – 6:00 PM

NOTE: In addition to the hourly rate, a \$1 per minute fee will be assessed for late pickup of your child(ren) after 6:00PM per on-site clock.

Before and After School Care will only be available on days when Holy Cross School is in session. The program will NOT be open for school vacations/or weather related delays or closings.

Billing and Payment Procedure

If you are utilizing the Before and After School Care Program you will be invoiced through the FACTS system, **Payments will not be accepted at the school.** All payments must be made through FACTS. Payment is due 20 days after your invoice is generated. Failure to pay by the 20th will result in a \$35.00 late fee. If the bill is left unpaid by the due date of the following month, the family will no longer be able to attend the Before and After Care Program until the bill is up to date. Checks returned to us for insufficient funds will incur a \$30.00 service charge. All unpaid bills at the end of the school year will be turned over to a collection agency. School records will not be released until the outstanding balance is paid in full, as well as any collection fees incurred.

Holy Cross School
Before and After School Care Program
Registration Form 2020-2021

Please list the name(s) of students(s) that will participate in the Before/After School Care program:

Student Name _____ DOB _____ Grade 2020-2021 _____

Student Name _____ DOB _____ Grade 2020-2021 _____

Student Name _____ DOB _____ Grade 2020-2021 _____

Address _____ Zip Code _____ Home Phone _____

Mother's Name _____ Work phone _____ Cell _____

Father's Name _____ Work phone _____ Cell _____

In Case of Emergency and we are unable to reach parent - Please Contact:

1. Name _____ Relationship to child _____

Phone - home _____ work _____ Cell _____

2. Name _____ Relationship to child _____

Phone - home _____ work _____ Cell _____

Name of Pediatrician _____ Phone _____

I understand that if arrangements change, I will send a note of authorization with my child(ren).

Please indicate which day's care will be needed and the time of drop off and pick up.

Before Care: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

_____ Morning arrival time: (7:00-7:45am)

After Care: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

_____ Evening pick up time (before 6:00 p.m.)

The following people are authorized to drop off and or pick up my child or children:

Name _____ Address _____ Phone # _____ cell _____

Name _____ Address _____ Phone # _____ cell _____

Name _____ Address _____ Phone # _____ cell _____

Please check one:

I am electing the Annual Rate for the Unlimited Before Care: _____

I am electing the Annual Rate for the Unlimited After Care: _____

I am electing the Annual Rate for the Unlimited Before & After Care: _____

SEE NEXT PAGE

Number of Children: _____

I am electing to be billed by 1/4 hour as outlined in the Description: _____

Number of Children: _____

I have read, and agree to, the Enrollment and Payment Policy of the Holy Cross Before and After School Care Program. I have also enclosed a \$50.00 (not refundable) registration fee. (Please make the registration check payable to Holy Cross School.)

Parent /Guardian Signature

Date

Please go to the Holy Cross Parish website:

Here is the link to pay registration fees online, <https://giving.parishsoft.com/App/Giving/holy4492290> Please make sure you use the drop down list to select extended care registration or tuition registration. Extended Care can not be used until the registration fee is paid.

Extended Care need to be paid through FACTS.

For Office Use Only: Registration fee information

Date paid _____ Amount _____ Cash _____ Check # _____