

Dear Parents:

In order to serve our families to the best of our ability we have both Before Care and After Care at Holy Trinity Catholic School.

Before Care is run by Ms. Gwen Costello. It begins at 6:30AM. After Care is run by Ms. Lisa Kern and runs from 3:00 - 5:30PM every day. On half-days parents may also choose to send children to After Care, which will begin at 11:30.

For both of these programs we charge one fee per month, charged as a direct payment from a checking or savings account.

Before Care cost \$35.00 per month per child. This \$35.00 payment may be deducted once a month or twice a month (\$17.50). No deduction will be made in August, payments will begin in September and run through May. This includes the month of December.

After Care will now run \$60.00 per month for one child, \$100.00 per month for two children and \$140.00 per month for three children, regardless of how much time your child/children stay in After Care. It will be an automatic deduction as is tuition. This payment will be deducted once a month or twice a month. No deduction will be made in August, payments will begin in September and run through May, for a total of nine months. **Families who are registered for After Care do not need to pay extra for the short days, such as 11:30 Friday dismissals and 1:30 party days.**

If you need to use After Care on a short day and are not already signed up for After Care the charge will be \$10.00 per child until 3:00, or \$15.00 for the day if you stay after 3:00.

There is also a one time registration fee of \$30.00 per child for After care to pay for snacks.

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Please use the form below to sign your child/children up for Before Care and/or After Care and return it to school.

Thank you!

Margaret Ahle,
Principal, Holy Trinity Catholic School

Before Care Registration

I want my child(ren) to participate in Before Care.

Parent Name: (Please print): _____

Child(s) name (Please print):

_____ entering grade _____ 2016

_____ entering grade _____ 2016

_____ entering grade _____ 2016

I understand that Before Care will cost \$35.00 per month per child as well as a one-time registration fee of **\$10.00 per child, due at registration**. Before Care charges will be an automatic deduction as is tuition. This 35.00 payment will be deducted once a month or twice a month (17.50). No deduction will be made in August, payments will begin in September and run through May. This includes the month of December.

Parent Signature: _____

Emergency Contact Information:

If an emergency happens during Before Care hours I would like the following people to be notified, in order of preference:

1) Name (please print) _____ phone # _____

relationship to child: _____ Is there an alternate phone # _____

2) Name (please print) _____ phone # _____

relationship to child: _____ Is there an alternate phone # _____

3) Name (please print) _____ phone # _____

relationship to child: _____ Is there an alternate phone # _____

After Care Registration

I want my child(ren) to participate in After Care.

Parent Name: (Please print): _____

Child(s) name (Please print):

_____ entering grade _____ in 2016

_____ entering grade _____ in 2016

_____ entering grade _____ in 2016

Registration fee is **\$30.00** per child to help pay for snacks. Total reg. fee is _____

I understand that After Care will now run \$60.00 per month for one child, \$100.00 per month for two children and \$140.00 per month for three children, regardless of how much time the child/children stay in After Care. It will be an automatic deduction from a checking or savings account. This payment will be deducted once a month or twice a month. No deduction will be made in August, payments will begin in September and run through May. This includes the month of December.

Parent Signature: _____

Emergency Contact Information:

If an emergency happens during After Care hours I would like the following people to be notified, in order of preference:

1) Name (please print) _____ phone # _____

relationship to child: _____ Is there an alternate phone # _____

2) Name (please print) _____ phone # _____

relationship to child: _____ Is there an alternate phone # _____

3) Name (please print) _____ phone # _____

relationship to child: _____ Is there an alternate phone # _____

The following people may pick up my child from After Care:

Name (please print) _____

Name (please print) _____

Name (please print) _____

Are more names on the back of this sheet? yes: _____ no: _____