



Faith in Every Student

**2017-18 REGISTRATION FORM
BEFORE & AFTER SCHOOL CARE (PRESCHOOL - 4TH GRADE)**

*To be completed by parent/guardian—**COMPLETE ONE FORM PER FAMILY and return by Tuesday, August 1, 2017***

Registration Fee

I agree to pay a \$25.00 non-refundable registration. ALL PAYMENTS ARE MADE VIA ACH PAYMENTS THROUGH YOUR TADS ACCOUNT. The \$25.00 registration fee will be billed on October invoices on TADS for 10-12 installment payment plans; or in August for 1 and 2 month installment plans.

Rate

I agree to pay St. Pascal’s Before & After School Care Program the amount of \$4.50 per hour per child once a month for the care of my/our child(ren). Billing is performed monthly beginning the first week of each month.

Late Fee

After School Care is closed at 5:30 PM. There will be a late fee of \$5.00 assessed for every ten minutes for every child, not picked up by 5:30 PM. *Please be prompt picking up your child at the end of the day.*

Parent/Guardian Agreement

All St. Pascal Baylon Catholic School policies shall apply.

This Agreement will become effective on the date it is signed and will continue until it expires at the end of the 2017-18 school year.

| | | | |
|-----------------|-------|-----------------|-------|
| Name of Student | Grade | Name of Student | Grade |
| _____ | _____ | _____ | _____ |

DROP OFF AND PICK UP TIMES (Please estimate ALL of the drop off and pick up times):

| DAY OF THE WEEK | BEFORE SCHOOL | AFTER SCHOOL |
|-----------------|---------------|--------------|
| Monday | _____ | _____ |
| Tuesday | _____ | _____ |
| Wednesday | _____ | _____ |
| Thursday | _____ | _____ |
| Friday | _____ | _____ |

My signature indicates my agreement to the above set terms.

| | | |
|------------------|-------|---------------------|
| _____ | _____ | _____ |
| Parent Signature | Date | Director’s Initials |

| | |
|--------------------------------|--|
| _____ | _____ |
| Contact Name and Contact Phone | 2 nd Contact Name and Contact Phone |