

**HOLY CROSS SCHOOL**  
**PreK – Grade 6**  
**BEFORE AND AFTER SCHOOL CARE PROGRAM**  
**2024-2025**

**Enrollment and Payment Policy**

Registration is completed when the following items have been received.

- Registration for Holy Cross School is complete.
- 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:	\$3,045
Unlimited Before & After Care – two children:	\$3,570
Unlimited Before & After Care – three children:	\$4,095
Unlimited Before Care – one child:	\$790
Unlimited Before Care – two children:	\$1050
Unlimited Before Care – three children:	\$1,315
Unlimited After Care – one child:	\$2,365
Unlimited After Care – two children:	\$2,625
Unlimited After Care – three children:	\$2,890
Family – one child:	\$11.30 per hour
Family – two children:	\$15.50 per hour
Family – three children +:	\$16.50 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 monthly through the FACTS system. **Payments will not be accepted at the school or parish office.** All payments must be made through FACTS. Payment is due 20 days after the invoice is received. Failure to pay on time 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 2024-2025**

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

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade 2024-2025 \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade 2024-2025 \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade 2024-2025 \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade 2024-2025 \_\_\_\_\_

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:

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. Extended Care cannot be used until the registration fee is paid.

For Office Use Only: Registration fee information

Date paid \_\_\_\_\_ Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_