

AFTER SCHOOL ENRICHMENT PROGRAM

CARDINAL LACROIX ACADEMY | ST. JOSEPH'S REGIONAL JR. HIGH SCHOOL

REGISTRATION

Basic Information (Student)

Last Name _____		First Name _____	
Date of Birth __ / __ / __	Sex (Circle One) Male Female	Grade (Circle One) Pre-K K 1 2 3 4 5 6 7 8	
Allergies / Medication _____ _____		Dietary / Special Needs _____ _____	
Days of the Week Attending (Check All That Apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Random Days			

Parent or Guardian Information

Name (First and Last) _____		Phone Number (Afternoon) _____	
Relation to Child _____	English? (Circle One) Yes No	Primary Language (if no English) _____	
Name (First and Last) _____		Phone Number (Afternoon) _____	
Relation to Child _____	English? (Circle One) Yes No	Primary Language (if no English) _____	

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Pick-Up List

Please write down the information of other people who are allowed to pick up your child.

Name (First and Last) _____		Phone Number (Afternoon) _____
Relation to Child _____	English? (Circle One) Yes No	Primary Language (if no English) _____

Name (First and Last) _____		Phone Number (Afternoon) _____
Relation to Child _____	English? (Circle One) Yes No	Primary Language (if no English) _____

Name (First and Last) _____		Phone Number (Afternoon) _____
Relation to Child _____	English? (Circle One) Yes No	Primary Language (if no English) _____

Name (First and Last) _____		Phone Number (Afternoon) _____
Relation to Child _____	English? (Circle One) Yes No	Primary Language (if no English) _____

PLEASE NOTE

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INDIVIDUALS WHO ARE NOT ON THE PICK-UP LIST WILL NOT BE ALLOWED TO TAKE YOUR CHILD HOME UNLESS PERMISSION IS GIVEN AHEAD OF TIME. THIS IS TO ENSURE THE SAFETY OF ALL THE STUDENTS.

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PAYMENT PLANS

PART - TIME PLAN (Pay Daily Rate)

This is best for children who will only be attending the After School Program for a few days each week, or for students who may attend the ASP on a “drop in” basis.

NOTE

Attendance Records and Sign-Out Sheets will be used to determine the amount owed.

Daily Rates (Check One Box)

- \$16.00 per day - 1 Child
- \$25.00 per day - 2 Children

PAYMENTS ARE DUE BY FRIDAY EACH WEEK

FULL - TIME PLAN (Pay Weekly/Monthly)

This is best for children who plan to attend the After School program every single day that school is in session, but excludes early dismissal days or any emergency situation.

NOTE

The rate will stay the same regardless of student absences or the number of school days that month.

Weekly Rates (Check One Box)

- \$ 65.00 per week - 1 Child
- \$100.00 per week - 2 Children

PAYMENTS ARE DUE BY THE FRIDAY BEFORE THE PAID WEEK BEGINS (36 WEEKLY INSTALLMENTS)

Monthly Rates (Check One Box)

- \$240.00 per month - 1 Child
- \$360.00 per month - 2 Children

PAYMENTS ARE DUE BY THE FIRST FRIDAY OF EACH MONTH (9 MONTHLY INSTALLMENTS)

METHOD OF PAYMENT

For Daily, Weekly and Monthly Payments

- I choose to pay directly to the school.
- I choose to pay using F.A.C.T.S online (automatic withdrawal).

LATE FEES

- + \$5.00 if the child is picked-up between 5:30pm and 5:40pm
- + \$1.00 every minute the child must be watched after 5:40pm

CHRONIC LATE PICK-UPS MAY RESULT IN YOUR CHILD'S DISMISSAL FROM THE AFTER-SCHOOL PROGRAM

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I agree to the above chosen payment plan. I understand that the total amount (paid weekly or monthly) is due regardless of student absences or days during which school is not in session. If I choose to use F.A.C.T.S for automatic payments, I may incur a \$43.00 yearly fee to enroll. I agree to make timely payments and am aware that if more than two weeks of payment is overdue, my child(ren) will not be able to participate in the program until my account is rendered current.

Name of Responsible Party (Please Print): _____

Signature: _____ Date: _____