



Holy Family School
Extended Care Agreement & Registration
Kindergarten-8th Grade
2018-2019 School Year

One form per family please. If a plan is not circled the student will be registered as hourly.

Circle Desired Plan **A:** Full Time Care AM/PM **B:** After Care Only Student
Name _____ Grade _____

Circle Desired Plan **A:** Full Time Care AM/PM **B:** After Care Student
Name _____ Grade _____

Circle Desired Plan **A:** Full Time Care AM/PM **B:** After Care Student
Name _____ Grade _____

See Financial Policies on School Registration/School Re-registration form.
Any and all changes to registration must provide a 30 days notice. No adjustments will be made less than 30 days. Special Note: August, December, and June will be prorated months.

Pricing:

Drop in Rate: \$8.00
After School Monthly: \$300
Before & After School Monthly: \$350

Please sign and return to the school office. Please include a non-refundable \$30.00 for registration fee.

Parent Name _____

Signature _____ Date _____