



Excellence in Education ~ Strengthened by Faith ~ Enriched by Diversity

Holy Cross School After School Care Program Registration Form

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Children who are enrolling in program:

Name of Child (First and Last) _____

Child's Grade for 2017-2018

Days Program will be used

Please place a check next to the days of the week your child will be using the program

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Registration Fee

Please make checks payable to Holy Cross School

\$40 per Child and \$75 per Family of 2+ Children

(This fee must be paid by the 1st day of school to begin using the programs)

\$40.00 x _____ **TOTAL:** _____
1 child only

\$75.00 x _____ **TOTAL:** _____
2+ children

Parent/Guardian Signature

Please return completed form and registration fee to the school office.