

**St. Mary of the Hills School
ECC & Grades K-8
AFTER SCHOOL PROGRAM**

Begins

Monday, September 14, 2020

Hours

Monday through Friday 3:00-6:00 PM

Cost

FEES: 1 HOUR-\$10.00 2 HOURS-\$20.00 3 HOURS-\$25.00 FAMILY CAP-\$40.00 per day

*****PLEASE READ ALL INSTRUCTIONS BEFORE RETURNING THIS FORM.*****

PLEASE MAKE ALL CHECKS PAYABLE TO ST. MARY OF THE HILLS SCHOOL

YOU MUST fill out the attached Registration Form **AND the NEW Parent Agreement** on the reverse side and attach a **\$25.00 REGISTRATION FEE** (this is a separate check) prior to September 14th. PLEASE NOTE AGREEMENT MUST BE SIGNED PRIOR TO YOUR CHILD'S ENROLLMENT IN AFTER SCHOOL. If you will be using the After School Program only in an emergency, you must fill out the form and pay the registration fee **UPON FIRST USE**.

PLACE

DUE TO COVID19, the program for all grades will be conducted in Main School until further notice.

PAYMENT

It is mandatory for the Director of the Program to balance the books at the end of each week and pass in a completed summary to the Business Manager. In order for the Director to accomplish this task, payment **MUST** be made **EACH WEEK** on/by the last day your child **ATTENDS** (for example, if your child attends Monday through Friday, payment is due on Friday. If your child attends Tuesday & Thursday, payment is due on Thursday, etc.). Although **we prefer payment by check**, if payment is made in cash, please put money in an envelope **CLEARLY** marked with your child's name & grade and addressed to: **AFTER SCHOOL PROGRAM, GRADES K-8, or ECC**. When payment by check, please make check payable to St. Mary of the Hills School and make note of the dates you are paying in the bottom left hand corner of your check. **A separate check is needed for Before & After School payments, as they are two separate accounts.**

NON-PAYMENT

If your account is two weeks in arrears, **your child will not be permitted to attend the program until your account has been made current.** This rule will be strictly followed to avoid large overdue fees.

RETURNED CHECKS

Should two of your checks be returned from the bank for any reason, you will be required to make all further payments via cash, a cashier's check, or money order. Please note that when a check is returned, in addition to the amount of the check, you will also be required to pay a **bank fee of \$25.00.**

LATE CHARGES

A fee of **\$2.00 PER MINUTE will be charged for every minute that you are late** picking up your child AFTER 6:00PM. This fee is due and payable in cash to the After School teachers on duty that day and there are **NO** exceptions.

**IF YOUR CHILD WILL BE STARTING THE AFTER SCHOOL PROGRAM ON
SEPTEMBER 14TH, THE ENROLLMENT FORM, REGISTRATION FEE, AND AGREEMENT
FORM MUST BE RETURNED TO SCHOOL BEFORE THAT DATE.**

St. Mary of the Hills School
AFTER SCHOOL REGISTRATION FORM

Child's Name: _____ **Grade:** _____

My child will attend the: (Please check one)

_____ **Early Childhood After School Program (Ms. Danielle Hulme, Director)**

_____ **Grades K-8 After School Program (Mrs. Paris, Director)**

Days attending: M___ T___ W___ Th___ F___

I will only use the program on an as-needed basis: _____

Father's Name: _____

Home Address: _____

Business and Business Address: _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **Email:** _____

Mother's Name: _____

Home Address: _____

Business and Business Address: _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **Email:** _____

Who will be picking your child up on a regular basis?

Name: _____

Other adults permitted to pick up your child:

Name: _____

Name: _____

(If you cannot pick your child up, please send in a note or call the office to inform your child's teacher of exactly who will be authorized to take your child. We cannot release a child to anyone who is not authorized by a parent to do so.)

EMERGENCY CONTACTS: You must list at least 3 people who would be available (between 3:00 and 6:00PM) to pick up your child in the event of illness.

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Please list any allergies your child might have: _____

Office Use Only **Reg. \$25.00 Rec'd:** _____ **Check #:** _____ **Cash:** _____