



HOURS:

Dismissal - 6:00 PM including early dismissal days

SCHEDULE:

Daily routine schedule attached. Parents must be sure to check children's work at home and be sure all homework is completed. The Child Nutrition Program **does not** provide lunch on early dismissal days. Parents are responsible to send their child to school with lunch on early dismissal days.

APPLICATION FEE:

\$15.00 one child or \$25.00 family (*non-refundable*)...Payment applied through Smart Tuition upon receipt of application. Application must be completed in order for the child to start the program and to avoid late pick up fee.

BILLING:

Payment for the After School Program is made directly through the *Smart Tuition Program*. Payment is due on the 15th of each month in addition to your tuition balance. The ASP is only available to families with a tuition balance that is up to date in good standing.

Please check the Payment Plan, applicable rate and include child/ren grade & name.

○ **PAYMENT PLAN A:**

Full Month Enrollment (First payment October 15th includes September. Last payment May 15 includes June

(For children who will be attending the program daily)

- One Child \$270 (1st and last payment October/May \$405)
- Family \$375 (1st and last payment October/May \$562)

Grade & Names _____

○ **PAYMENT PLAN B:**

24 Non consecutive days (3 days max per week) Paid In Advance and Renewable as Needed

(For parents whose needs may vary or need coverage on early dismissal days)

- One Child \$288 **Grade & Names** _____
- Family \$480 _____

LATE PICK UP: This payment is due in CASH upon arrival

Children who are not enrolled in our After School Program and not picked up on time will be sent downstairs to the After-School Program. (*Only for emergencies, cannot exceed usage of 10 days and cannot be combined in PLAN B 24 day*)

Before 3:15pm

- One Child \$8
- Family \$11

After 3:15pm

- One Child \$16
- Family \$22

Parent Name (Please Print) _____

Parent Signature _____

Home Phone: () _____ **Cell Phone:** () _____

Email Address: _____

1. Emergency Contact and Phone: _____

2. Emergency Contact and Phone: _____

Allergies: _____

Communicating your child's attendance every Friday for the following week is greatly appreciated.

There is NO hourly rate and NO refunds. Use it or lose it. No credits or time rolled over for the following school year will be applicable.

HOLY NAME OF JESUS AFTER SCHOOL PROGRAM

PAYMENT PLAN B

24 Days Pre-Paid in Advance and Renewable as Needed

One Child: \$288

Family: \$480

NAME OF CHILD: _____ GRADE _____

	<u>DATE</u>	<u>PICK-UP</u> (Print Name)	<u>SIGNATURE</u>	
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24				
<u>Renewals</u>	<u>Date of Notification</u>	<u>Payment</u>		