



Clover Care After School Program
Registration Form
2021/2022

ABOUT OUR PROGRAM: Holy Infant School will now be providing after school care on days our school is in session. The program will be held in the lower cafeteria. Pickup will be at the gym entrance. Students will have the opportunity to complete homework, play in the gym, outside or lower cafeteria. There will be toys, games, puzzles and crafts available to them. We also provide support during homework time, helping with anything they are struggling with and encouraging them while studying.

HOURS OF OPERATION: 2:45- 6:00 pm (Snack provided) - Open on all scheduled school days and all school half days.

FEES AND PAYMENT: The fees below will be debited monthly on the 15th of the month, September-May. The tuition for aftercare will be based on a school year of 177 days, the number of days school is in session for 2021/2022. The first payment will be debited on 9/15/21.

| <u># of days per week</u> | <u>1 Child</u> | <u>2 Children</u> | <u>3 Children</u> | <u>4 Children</u> |
|---------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 4-5 days per week | \$250/ month X 9 months = \$2,250 | \$375/ month X 9 months = \$3,375 | \$475/ month X 9 months = \$4,275 | \$575/month X 9 months = \$5,175 |
| 2-3 days per week | \$175/ month X 9 months = \$1,575 | \$250/ month X 9 months = \$2,250 | \$325/ month X 9 months = \$2,925 | \$400/ month X 9 months = \$3,600 |
| 1 day per week | \$100/ month X 9 months = \$900 | \$150/ month X 9 months = \$1,350 | \$200/ month X 9 months = \$1,800 | \$250/ month X 9 months = \$2,250 |

ANNUAL REGISTRATION FEE: NON-REFUNDABLE Registration Fee of \$60 and Debit Authorization Agreement must accompany this form (check payable to Holy Infant) and is due March 1, 2021.

Registration Form- Clover Care After School Registration-2021/2022 School year

| <u>Child Name</u> | <u>Date of Birth</u> | <u>Grade(Fall 2021)</u> |
|-------------------|----------------------|-------------------------|
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| | | |

Street Address _____ City _____ State _____ Zip _____

| Parent | Name | Cell Phone | Place of Employment | Work Phone | E-Mail |
|--------|------|------------|---------------------|------------|--------|
| Father | | | | | |
| Mother | | | | | |

Specific Days Registering: M ___ T ___ W ___ TH ___ F ___ (Please check all that apply)

Occasional Use _____ (NON-REFUNDABLE Registration Fee of \$25 must accompany this form (check payable to Holy Infant))