

For School Year 2024-2025

I wish to enroll my child/children in the Holy Family Grade School Extended Care Program:

Family Name				
(Please print.)				
Name of Child/Child	dren:			
		Grade in 2024-	25	
		Grade in 2024-		
		Grade in 2024-		
Please Check:				
Monthly(Registratio	on Fee \$50/family) DI	op Ins		
Morning Care (TBD on 8/21/2024)	Morning C	are (6:30am-7:30am)	
Afternoon Care		Afternoon	Care(3:16pm -6:00pm)	
-	_		e starts on September 1. All fees are invo	iced
	ement. Drop-in rate (pm care	e) = \$45/day/child; Late pic	k-up fee = \$45/child (1 st 15 minutes;	
additional fee/minute).				
Note:				
	orm you need to fill out to	enroll in Extended Care.	All other information required will be	
	yellow Emergency Informa			
			After School Care. Only <u>Authorized Ad</u>	ults
may sign child/re		<u></u>	······································	
		please notify the Bookke	eper, Mrs. Leonora Bautista at least 3	0
	Email address: LBautista@		•	
			ically debited via FACTS Management	A
-	0 applies if not paid after		, .	
PARENT SIGNATURE			Date	
Print Parent's Name if	different from Student N	lame:		
Contact Number	EI	mail		
Monthly Rate: Registr	ation Fee \$50/family			
	60/month/child (September-	- June) (TBD on 8/21/2024)		
Monthly After School Ca				
1 Child/month	2 Children/month	3 Children/month	4 Children/month	
\$295.00	\$395.00	\$495.00	\$545.00	