

Crusader Club Schedule Agreement

FEBRUARY 2024

Child's Name: _____

Please complete one form for each child.



Holy Cross Catholic School
6100 37th Street West
Webster, MN 55088
Phone: 952-652-6100
Email: RoseR@holycrossschool.net

**UNSCHEDULED DROP IN CARE
PAYMENTS MUST BE MADE THE
DAY OF SERVICE WITH A CHECK
OR PAID ON THE SCHOOL
WEBSITE.**

Mon	Tue	Wed	Thu	Fri
			1	2
5	6	7	8 No School	9
12	13	14	15	16
19 No School	20	21	22	23
26	27	28	29	

Please check the after school care sessions your child will attend.

_____ PM Sessions @ \$17 per child = \$ _____.

Scheduled Care Agreement deadline is January 15, 2024. A \$10.00 late fee will be charged for schedules received after deadline. The sessions you choose will be charged to your TADS account prior to services. Sessions and days may not be swapped. Additional sessions may be added if space is available at the drop in rates. Unscheduled drop in for sessions is upon availability and for an additional charge of \$3.00 per session per child. Drop in payments are due the same day as service and may be made by check or on our school website. Checks should be made payable to Holy Cross Catholic School.

Parent's Name: _____

Date: _____

Please email completed form to RoseR@holycrossschool.net or drop off in the school office.