



Crusader Club

Afterschool Agreement

November 2025

Child's Name: _____

****Note: Please fill out one form per child attending**

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21
<input type="checkbox"/> 24	<input type="checkbox"/> 25	26	27	28
No School Thanksgiving				



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

Holy Cross Catholic School | 6100 37th St. W, Webster | 952-651-6100 |
Email: Roser@holycrossschool.net with any questions