



HOLY CROSS CATHOLIC SCHOOL BEFORE SCHOOL CARE REGISTRATION FORM

Parents: _____
Mother Father Last Name

Phone: _____
Mother's Cell Father's Cell

Address: _____
Street City, State, Zip

E-Mail Address: _____

Alternate Contact: _____
Name Phone

Child's Name: _____
Grade Age Sex

Child's Name: _____
Grade Age Sex

Child's Name: _____
Grade Age Sex

Please make us aware of any specific concerns that we should be aware of while your child is in our care (allergies/medical conditions):

A school teacher will be supervising. Doors open at 7:00 am. Please walk your student to the gym and sign them in the log-in book.

FEES:

\$7.00 per morning for 1st child
\$4.00 per morning for 2nd child
\$3.00 per hour for 3rd child

Invoices will be sent through School Speak. You will receive an email letting you know when invoice is available. Please pay cash/check to school office.