

**AFTER-CARE PROGRAM - GRADES PK3 through 8**  
**REGISTRATION and EMERGENCY FORM**  
**Enrollment Limited**

**All Families that will be utilizing After-care must have these forms on file prior to their child being admitted to the program. (Annual and/or Drop-in)**

**COST PER CHILD TO BE ADDED TO AND PAID THROUGH TADS**

1. Cost per child - PK3, PK4 and Kindergarten - (3 to 5 afternoons a week) \$3,500.00 for the school year, payments based on your payment plan through TADS
2. Cost per child - Grades 1 - 8 - (3 to 5 afternoons a week) -----\$3,250.00 for the year, payments based on your payment plan through TADS
3. Drop-in Cost per child ----- \$30.00/per hour
4. Late Pick Up Fee----- \$3 per minute per child

| <b><u>STUDENT NAME</u></b> | <b><u>GRADE</u></b> | <b><u>DATE OF BIRTH</u></b> | <b><u>Full-Time</u></b> | <b><u>Drop-in</u></b> |
|----------------------------|---------------------|-----------------------------|-------------------------|-----------------------|
| _____                      | _____               | _____                       | _____                   | _____                 |
| _____                      | _____               | _____                       | _____                   | _____                 |
| _____                      | _____               | _____                       | _____                   | _____                 |
| _____                      | _____               | _____                       | _____                   | _____                 |

**LATE FEE PAYMENT**

THE FOLLOWING LATE FEES APPLY TO ALL PARTICIPANTS IN THE AFTER-CARE PROGRAM:

**LATE PICK UP FEE**

After-Care hours are from school dismissal until 5:45 PM daily. If you are unable to pick your child up by 5:45 PM, it is your responsibility to contact the teacher on the After-Care cell phone-(202-667-3167) to let us know your circumstances. Parents, whose children are picked up after 5:45 PM according to the school clock, should be prepared to pay **\$3 per minute** per child to the staff on duty.

Parents are asked to respect that our faculty and staff have families, commutes and evening commitments. It is important that staff leave on time. Lateness should be rare and due to an unforeseen circumstance such as a family emergency. Traffic in DC is not considered an unforeseen circumstance. Please plan accordingly.

Repeated lateness will result in dismissal from the program.

**LATE PAYMENT FINE**

1. Payments are to be made on the 10<sup>th</sup> of each month. If payment is not received by the 15<sup>th</sup>, a late charge of \$25 will be assessed weekly thereafter until payment is received.
3. If Drop-in payment is not made by the following morning, a late fee of \$25 will be assessed for each drop-in billed until payments are current.

**ENROLLMENT CANCELLATION**

If you have to cancel enrollment in the After-care Program your financial obligation will be pro-rated for the time enrolled. Prior written notification to the Principal is required for all early withdrawals. Any withdrawal without notification will be subject to the full payment for that period. There is no reimbursement for days **not** attended due to family circumstances.

## PARENT SUPPORT

I understand that in signing this contract I agree to abide by the policies and procedures of Our Lady of Victory's After-care Program and to support its Staff and Director. **I understand that the school has the right to refuse admittance to the After-care Program and/or withhold report cards and transcripts for any student whose financial account is delinquent. I accept that Our Lady of Victory's after-care is part of the school and that the code of conduct outlined in the parent/student handbook applies in after-care. I accept that the consequence of my child not being able to remain in/or attend after-care may result if my child acts outside of the code of conduct. I will collect my child immediately if requested. I accept that students who receive more than two disciplinary actions in a quarter will be ineligible for the honor roll and unable to participate in other activities (including after-care) for the remainder of the quarter. In accordance with Archdiocesan regulations, I accept that the principal will determine the outcome of all disciplinary referrals. I accept that after-care follows Montgomery County Public Schools Police for emergency/weather-related delays/closures.**

## ENDORSEMENTS

I have read, understand and accept this Financial Contract and I agree to be responsible to these commitments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
City & Zip Code

\_\_\_\_\_  
Date

## AFTER-CARE EMERGENCY CONTACT FORM

**All After-care Parents MUST COMPLETE and RETURN this form by the FIRST DAY OF SCHOOL in order to attend After-care. No child may begin the ACP with incomplete or missing emergency information form!**

**PLEASE FILL OUT COMPLETELY!!!**

Child's Name(s): \_\_\_\_\_

Date of Birth(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_

Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_

Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Child/Children's Primary Physician: \_\_\_\_\_

Business #: \_\_\_\_\_

Specific Concerns (i.e. allergies, etc.): \_\_\_\_\_

**EMERGENCY CONCERNS: *In the event I cannot be reached for an emergency and/or early closing, the following people should be contacted:***

1. Name: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian