

Before and After Care Program Application Form

Saint Elizabeth Ann Seton School is pleased to offer **Before and After Care Program** for those families that need care for their children beyond the normal school day. *There will be NO After Care on Early Dismissal Days, and Parent/Teacher Conferences Day.*

Please complete ONE form per student being enrolled in the Before and After Care Program.

Student's Name

Grade

Mother's Name

Father's Name

Phone

Phone

Parent's Occupation/Employer

Mother

Father

Indicate the day(s) that you anticipate utilizing the **Before School Program (7am-8:20am)**:

- Monday ____
- Tuesday ____
- Wednesday ____
- Thursday ____
- Friday ____

Indicate the day(s) that you anticipate utilizing the **After School Program (3:15pm-6pm)**:

- Monday ____
- Tuesday ____
- Wednesday ____
- Thursday ____
- Friday ____

Please specify each person who has permission to pick up your child from the After School Program.

Name

Phone Number

Name

Phone Number

Name

Phone Number

Name

Phone Number

- An Application Form is required for all students participating in this program.
- Drop in charges and late fees will be billed monthly. **BASC payments are due the 20th of each month.** A late fee will be at a rate of **\$25.00** every time FACTS tries to receive payment. Delinquent accounts may result in dismissal of a student from the Before and After Care Program.
- The **After Care Program ends promptly at 6:00 p.m.,** a late charge will be applied to your FACTS account of **\$10 for every minute** you are late.
- Only persons authorized by the parent or guardian may pick up your child from the **After School Program.** Please notify the **BASC Supervisor in writing** if anyone other than a parent/guardian will pick up your child.
- All students attending the **BASC Program** are required to follow all school and program rules. **Behavioral problems** will result in parent notification and possible suspension from the program.

I have read and understand the Statement of Fees and Statement of Policy contained here.

Agree _____
Signature Date

I give Saint Elizabeth Ann Seton School permission to bill my FACTS account for the Before and After Care Program services indicated on the Enrollment Form, according to the Statement of Fees.

Agree _____
Signature Date