



**HOLY
TRINITY**
EPISCOPAL
SCHOOL

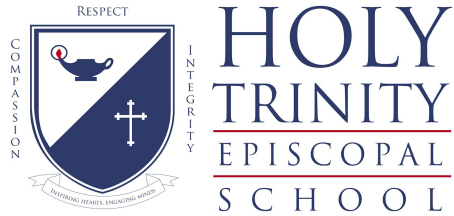
**TITAN ACADEMY AFTER SCHOOL CARE REGISTRATION
4:00 – 6:00 p.m.**

(Student's Name) _____, enrolled in Holy Trinity Episcopal School (HTES) and in the _____ grade, will attend the Titan Academy After School Care Program at HTES for the 2019 - 2020 school year. I understand and agree to the following terms and conditions:

2019 - 2020 Monthly Fee Schedule

Monthly Fee (unlimited after school care from 4-6pm)	Drop in hourly rate (not attending enrichment)	Drop in hourly rate attending enrichment)
\$200	\$10/hr	\$6/hr

- If you do not register, the drop in rate will apply.
- The hourly rate will not be prorated after 30 minutes. Before 30 minutes, the fee will be prorated in 10 minute increments for each hour as outlined below:
 - 0-10 minutes: \$1.70
 - 11-20 minutes: \$3.40
 - 21-30 minutes: \$5.10
 - After 30 minutes: \$10
- All charges will be billed through FACTS Incidental billing unless alternative arrangements have been made with the business office and approved by the Head of School.
- Pick up time is at 6 p.m. A late fee of \$1 will be assessed for every minute your child remains after 6 p.m. Parents who are frequently late may be asked to meet with the Head of School to discuss continued participation in the program.
- Your child will continue to be enrolled in the program for the entire year. A two week advance notice is required to discontinue or change participation. This helps ensure that we can adequately prepare to provide quality service. The monthly fee is not prorated for any reason; including, but not limited to, absence due to illness, extracurricular activities, inclement weather, or emergency.
- Snacks are included in the program fees.
- The hourly drop in rate for students who attend an after school enrichment program is \$6/hr for those who need Titan Academy after the program.



Please complete and return to the business office.

Parent/Guardian Signature

Printed Name

Phone number

Date

Please Indicate your choice below:

_____ **I choose to enroll in Titan Academy after school care at the monthly rate of \$200/month.**

_____ **I choose to enroll in Titan Academy after school care and be billed hourly at the \$10/hour rate.**

The following have my authorization to pick up my child:

	NAME	PHONE #	RELATIONSHIP
1.			
2.			
3.			

Thank you very much! If you have any questions, please contact the business office.