

**Before and After-care Program
Resurrection-St. Paul School
Registration, Permanent Change in Attendance, Short Term Attendance Form
2018-2019**

To request Before or After-care services please complete, sign, and return this form to the school office with all fees. Space is limited. Annual enrollment, changes in attendance/program status, or short term attendance is subject to availability.

Children must be picked up by 6:00 PM. A late fee will incur beginning at 6:01 PM. There will be a \$5 charge and then \$5 for each subsequent minute that a parent/guardian is late. An attempt to contact the person listed on the RSPS emergency contact form at 6:01 PM. If by 6:15 PM arrangements cannot be made for immediate pickup Social Services will be contacted as stipulated by the Maryland State Department of Child Care licensing. If a late fee has incurred, the fee may be paid at time of pick-up in the form of a check made payable to RSPS or your FACTS account will be charged. Alternative After-care arrangements will need to be made for students who are repeatedly picked up late.

Check appropriate line:

_____ **Initial Registration (Annual \$25 fee for recurring weekly attendance).**

_____ **Change in attendance . All changes in attendance require 1 week prior notice and is subject to availability.**

Date Effective _____.

_____ **Short Term Attendance. Short term attendance requires 1 week prior notice and is subject to availability.**

BILLING

Before and After-care is invoiced monthly, through your FACTS agreement. You will receive a bill reflecting your charges on, or about, the first of each month. Payments should be made directly through FACTS. The Before and After-care Program is held only when Resurrection-St.Paul School is in session. We are not open when school is closed or during holidays. We follow the same procedures as Howard County in terms of weather closings and delays.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Email address: _____

Phone number: _____

Parent/Guardian Name: _____

Email address: _____

Phone number: _____

Student Release

Names and phone number of the people who are authorized to pick up your child.

- 1.
- 2.

Fees and Attendance Preferences for Regularly Scheduled Before and After-care

Registration fee \$25.00.

Please check appropriate line for days needed per week. **Weekly rates** are as follows:

AM Session Times: 7:00-8:45 AM

PM Session Times: 3:30-6:00 PM

AM:	5 Days-\$47.50 per week _____	PM: 5 Days-\$55.00 per week _____
	4 Days-\$40.00 per week _____	4 Days-\$50.00 per week _____
	3 Days-\$35.00 per week _____	3 Days-\$45.00 per week _____
	2 Days-\$30.00 per week _____	2 Days-\$37.50 per week _____
	1 Day -\$22.50 per week _____	1 Day -\$25.00 per week _____

Please indicate below which days your child will attend the program:

AM Program:

Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____

PM Program:

Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____

Fees and Attendance Preferences for Short Term Before and After-care

Date(s) of request: _____ from email or letter. Requests must be made at least one week prior to anticipated attendance. Please check appropriate line for day needed. All fees are payable at time of attendance by cash or check made payable to RSPS.

Date(s) of attendance

mm/dd/yr	AM:	mm/dd/yr	PM:
_____	Monday \$25 _____	_____	Monday \$35 _____
_____	Tuesday \$25 _____	_____	Tuesday \$35 _____
_____	Wednesday \$25 _____	_____	Wednesday \$35 _____
_____	Thursday \$25 _____	_____	Thursday \$35 _____
_____	Friday \$25 _____		

Friday and 12:30 dismissal days are NOT AVAILABLE FOR SHORT TERM CARE.

If you have any questions you may reach Karina Dulaney 410-707-0374 or by email at bacare@resstpaul.org

Parent Signature _____ Date _____