

**Holy Rosary Bi-Parish School
After-Hours Program Contract**

I agree to pay my After-Hours account within 30 days from receipt of the statement. Statements will be sent home in my family folders on the first Tuesday of each month. If fees are not collected within 30 days from receipt, I understand that services will be suspended until payment is made. I understand that accounts will not be carried over and that a past due account will result in a \$10.00 late fee added to my billing. Initial _____

I give permission to include my child in field trips to Kate Curley Park. I will receive prior notice of these events. Initial _____

Individuals allowed to pick-up my child from After-Hours:

| | |
|------------|--------------------|
| Name _____ | Relationship _____ |
| Name _____ | Relationship _____ |
| Name _____ | Relationship _____ |
| Name _____ | Relationship _____ |

Individuals not listed above will be unable to pick-up my child from After-Hours.

I have given the After-Hours Program all current emergency information and will up-date as needed. Changes in telephone numbers, addresses, and pick-up information must be given immediately for the safety of my child. Initial _____

Parent's Signature: _____ Date: _____