



HOLY CROSS AFTER SCHOOL CARE Weekly ASC Request Form

Family Name: _____	Week beginning Monday, _____
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Number of Children: _____

Registration Plan: Daily _____ Early Pick-up _____

This form must be submitted with payment!

Fees:	Mon.	Tues.	Wed.	Thurs.	Fri.	Amount
Daily (3:15-5:30) <i>\$11 for 1st child</i> <i>\$9 for each addl. child</i>	_____	_____	_____	_____	_____	_____
Early Pick-up (3:15-4:15) <i>\$6 per child</i>	_____	_____	_____	_____	_____	_____
Half Day (early dismissal) <i>\$18 for 1st child</i> <i>\$15 for each addl. Child</i>	_____	_____	_____	_____	_____	_____
Full Day (No School, 8-5:30) <i>\$30 for 1st child</i> <i>\$25 for each addl. Child</i>	_____	_____	_____	_____	_____	_____

Drop-in Fees: <i>\$11 for 1st child</i> <i>\$9 for each addl. child</i>	Amount Due <input style="width: 100%;" type="text"/>
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Office Use: Wkly ASC Request Form _____ Amount Paid _____ Cash _____ Check # _____ Amount Still Owed _____	Drop In Dates: _____
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