

Immaculate Conception Catholic School

After Care Program

Times:

Monday – Thursday - 3:00 pm -5:30 pm Fridays - 12:30 pm - 3:30 pm

Cost:

1-2 days - \$15/week 3 or more days - \$30/week

Student(s) Name: _____

Grade(s):

Days of care needed:

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

After Care will be held in the Multi-Purpose room.

Late pick up policy – \$1.00 per each minute late will be charged to aftercare account. In case of emergency, please notify After Care provider if you will be late.

| Parent/Guardian Name: | | |
|-----------------------|------|--|
| Parent Signature: | Date | |
| | | |

Phone Number: _____