

## Enrollment Form Holy Family Kids Club

Dear Parents,

The Trojan Kids Club enjoyed another successful year and we are looking forward to continuing the fun into 2016/2017 academic year. Please review the information listed below and if interested, return the Enrollment Form along with the registration fee.

### General Information on the Program:

Where: Room 106 – Last year Title One room will go back to Kids Club

Times: 3:00 p.m. until 5:30 p.m.

Start up: Monday, August 22, 2016

**Fees:** Registration \$20.00 per Child: This is for first-time TKC students

Hourly fee is \$4.00 per hour for 1 child; \$3.00 per for 2<sup>nd</sup> child and 3<sup>rd</sup> child

Late fee: \$15.00 for any child remaining at school after 5:30 pm (Strictly enforced).

Late fee: \$5.00 will be charged for any payments not received on time (Strictly enforced).

**Snacks:** Snacks will be provided.

**Pick Up:** The parent/guardian will be responsible for signing the child/children out, indicating the time of pick-up. Only authorized persons will be allowed to pick up the child/children, and a signed note from the parent/parents will be required when a parent is unable to pick up the child/children.

**Payment:** Weekly fee statements will be sent home with the youngest on Tuesday and are due back on Friday.

PLEASE MAKE CHECKS PAYABLE TO HOLY FAMILY SCHOOL

\*\*\*Kids Club payments are NOT to be included with tuition or lunch payments: Thank you!

Sincerely,



Mr. Joe Miller

Principal



Mrs. Kathy Heying

Director

**Trojan Kids Club Enrollment Form**

Parents Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell: \_\_\_\_\_

Contact Person: \_\_\_\_\_

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_

Grade: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

**May Have peanut butter for snack: Yes NO**

Circle Days Attending: Monday Tuesday Wednesday Thursday Friday

2. Name: Last \_\_\_\_\_ First \_\_\_\_\_

Grade: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

**May Have peanut butter for snack: Yes NO**

Circle Days Attending: Monday Tuesday Wednesday Thursday Friday

3. Name: Last \_\_\_\_\_ First \_\_\_\_\_

Grade: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

**May Have peanut butter for snack: Yes NO**

Circle Days Attending: Monday Tuesday Wednesday Thursday Friday

*Is your child/children permitted to watch movies: Circle rated G PG*

**Please Complete and submit this form with the appropriate registration fee to the address below by August 18, 2016**

Holy Family School/ Trojan Kids Club, 56407 Mayflower Road, South Bend, IN 46619

**REMINDER:** This enrollment form is needed for ALL students planning to enroll in Kids Club for the 2016/2017 school year. A Registration fee is only needed for the **first-time** Kids Club students. Thank you!

## HOLY FAMILY KIDS CLUB PARENT PICK-UP RELEASE FORM

To better ensure the safety of your child, we are asking that all parents/guardians fill out this Pick-up Release Form. We realize that there may be times when someone other than yourself may have to pick up your child at school and you were unable to send a note or call the school to notify us. Please complete the form at the bottom of this page and return it with the registration form. If we do not know the person coming into pick up your child we will ask for identification

**We still ask that, if possible, you write a note or call the school if someone other than yourself will be picking up your child.**

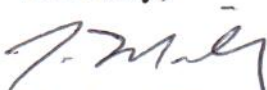
Name	Relationship

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher/Room  
Number \_\_\_\_\_

Parents/Guardian  
Signature: \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

Sincerely;  
  
Mr. Joe Miller  
Principal

  
Mrs. Kathy Heying  
Director