

AFTERCARE REGISTRATION FORM

Aftercare Rules and Guidelines:

Children who have problems with behavior may be asked to leave the program.

Children may not roam the building or use computers without permission from the After Care director.

Children may be picked up from After Care only by person authorized by the parent or guardian of the child. Any change in authorized persons must be confirmed with the Head of the Lower/Middle School's office prior to pick up.

All persons picking up a child MUST sign the child out and put the time they leave. The After Care director is responsible for verifying the time signed out. If the time is not indicated, Lacordaire reserves the right to charge the highest normal rate.

A snack will be provided in After Care; however, parents are welcome to send in a snack with their child.

Students in grades 1-8 must complete homework before engaging in play or free time; students in Pre-K and kindergarten are encouraged to do homework at home so parents can review their progress. The After Care director oversees and assists with homework when possible but is NOT responsible for tutoring.

The After Care phone number is 973-746-7935. (The emergency cell number is 973-699-1481.) Please make note of these numbers as they are separate from other school phone numbers. You cannot reach the After Care program on the school or office number.

1 Month Deposit must accompany Registration Form for program selected. Deposits can be paid in cash, check or bank check payable to: Lacordaire Academy. Credit Card payments will also be accepted however a 2.99% processing fee will be imposed.

Late Payments will be handled in the same manner as late tuition payments – progress reports, report cards or transcripts may be held until payment due is satisfied. All late payments are subject to collection efforts when necessary.

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LACORDAIRE AFTER CARE REGISTRATION

Child's Name _____ Grade _____

Regular Contact _____ Secondary Contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

Signature of Parent/Guardian _____

Days Pre-Registered (circle) Mon Tues Weds Thurs Fri or Per Diem @ \$35.00 per day _____

Monthly Fee _____ Deposit Enclosed: _____

Please charge my Credit Card for my monthly Deposit in the Amount of: \$ _____

Credit Card Number: _____ Expiration Date: _____ CVS #: _____

Signature: _____