

**TRINITY CATHOLIC SCHOOL
BEYOND-THE-BELL PROGRAM
2011-2012 REGISTRATION FORM**

Beyond the Bell is an after-school program designed to meet your child's needs for afternoon activities and afford you the peace of mind knowing that your child is safe and having fun with his or her school friends with Beyond the Bell counselors right on the Trinity Catholic School campus.

Beyond the Bell begins when your child's school day ends and provides care until 6:00 PM. Of course, you may pick up your child/children any time during those hours- whatever is convenient for you! A snack is served to your child first thing each day when they are dismissed from school and report to Beyond the Bell. Afternoon activities include outdoor games and fun, and then the children are taken into age-appropriate classrooms for enrichment and/or homework activities- all under the caring supervision of Beyond the Bell counselors.

If you are interested in registering your child/children for the 2011-2012 school year, please complete the following registration form (one per student) and attach the \$50 per student registration fee. You may enroll your child in the program on a monthly basis or on a drop-in basis. **PLEASE REGISTER BY AUGUST 1st TO ACCOMMODATE SMART TUITION AND STAFFING.**

REGISTRATION FEE \$50 per student – PAY WITH THIS FORM

MONTHLY & DROP-IN FEES WILL BE BILLED THROUGH SMART TUITION

ONE CHILD	\$150/month or \$10/day
TWO CHILDREN	\$210/month or \$15/day
THREE CHILDREN	\$235/month or \$20/day
FOUR CHILDREN	\$265/month or 25/day

MONTHLY fees billed September–May -- DROP-IN fees billed October-July

There is a \$25 fee charged for each time a child is switched from one fee basis to another. There is a \$1/minute charge for every minute a child remains beyond the 6:00 P.M. pick-up time.

CHILD'S NAME: _____

(2011-2012) GRADE: _____ **MALE:** _____ **FEMALE:** _____

KNOWN ALLERGIES/MEDICAL CONDITIONS: _____

PARENTS' NAMES: _____

Mother's Home Number: _____	Father's Home Number: _____
Mother's Work Number: _____	Father's Work Number: _____
Mother's Cellular Number: _____	Father's Cellular Number: _____

I would like to register my child on a: Monthly Basis: _____ Drop-in Basis: _____

I understand that there will be an administrative fee of \$25 each time I change my child's fee basis and I understand that there is a \$1 a minute charge for every minute a child remains beyond the 6:00 p.m. pick-up time: _____

(Parent's Signature)