



**BEYOND THE BELL
2024-2025 REGISTRATION FORM**

Beyond the Bell (BTB) is an after-school program designed to meet your child's needs for afternoon activities. BTB affords you 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 peanut-free snack is served to your child first thing each day when they are dismissed from school and report to BTB. 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 BTB counselors.

If you are interested in registering your child for the 2024-2025 school year, please complete the following registration form (one per student, PLEASE) and attach the \$60 per student registration fee. You may enroll your child in the program on a monthly basis or on a drop-in basis. There is a \$25 fee charged for each time a child is switched from one fee/payment basis to another.

REGISTRATION FEE - \$60 per student, PAY WITH THIS FORM OR VIA FACTS

MONTHLY & DROP-IN FEES WILL BE BILLED THROUGH FACTS:

<u>Total Price</u>	<u>September-May</u>
ONE CHILD - \$1,935	\$215.00/month
TWO CHILDREN - \$2,790	\$310.00/month
THREE CHILDREN - \$3,195	\$355.00/month
FOUR CHILDREN - \$3,690	\$410.00month

Drop-In Rates: One Child - \$22/day · Two Children - \$27/day · Three Children - \$32/day · Four Children - \$37/day

Emergency Drop In: \$30 per child per day. After three times, your child will be enrolled with Beyond the Bell and you will be charged the \$60 registration fee.

There is a \$5/minute charge for every minute a child remains beyond the 6:00 P.M. pick-up time.

CHILD'S NAME: _____

(2024-2025) 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 Cell Number: _____ **Father's Cell 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 a \$5 a minute charge for every minute a child remains beyond the 6:00 p.m. pick-up time.

Parent Signature:

OFFICE USE ONLY:	
Paid: _____	Date: _____
Check #: _____	
Entered: (Initials/date)	
BTB: _____	
FACTS: _____	