



Ascension School

4601 Maple Avenue, Halethorpe, Maryland 21227
410-242-2020 www.ascension-school.org

School Year 2009-2010

**ASCENSION SCHOOL BEFORE AND AFTER SCHOOL CARE
PHONE: DIRECT LINE 410-242-5498 BREWER HALL 410-247-4982**

***REGISTRATION:** Pre-registration is required for all students using Before and After School Care. This includes completing the registration form, pre-payment of registration fee, completed and signed “Emergency Form” and the up-to-date, signed copies of the child’s immunization form and health inventory (physical).

Registration fees per year: \$30 one child, \$50 two children, \$65 three children

PAYMENTS: Please pay by check made payable to Ascension School. Please do not send cash. Payments **must be made by the 1st of the following month.** For your convenience, a bill will be sent home at the beginning of each month. **In order to maintain adequate staff, you will be required to pay for your child’s care slot even if your child/ren does not attend. This includes absences, school closings, late openings, and early dismissals.** Please note that if your account is one (1) month in arrears, your child/ren will not be accepted in Before and After School Care as of the 1st of the following month. The following rates apply **ONLY** to students enrolled on a Regular Daily Schedule. **We DO NOT offer Drop In Care.**

BEFORE AND AFTER SCHOOL CARE FEE SCHEDULE

	Hours	Weekly One Child	Weekly Family Rate
Morning Care	7:00-8:00	\$21.25	\$32.00
Afternoon Care	3:00-6:00	\$63.75	\$96.00
	3:00-5:00	\$42.50	\$64.00
	3:00-4:00	\$21.25	\$32.00

PROFESSIONAL DAYS (daily) 1 child...\$21.00 Family...\$31.00

EARLY DISMISSAL-12:10 (daily) 1 child...\$9.00 Family...\$12.00

Please keep this sheet for your reference.

TO REGISTER: Complete the attached forms and return them with your Registration Fee, the completed and signed “Emergency Form” and copies of the completed signed immunization record and Healthy Inventory (physical).

For tax purposes, out Federal ID number is 52-0591462.
(Revised 6/09)



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**Before And After School Care
Registration Form
2009-2010 School Year**

NAME OF CHILD/REN

GRADE AS OF SEPTEMBER 2009

Hours Needed:

Morning Care _____
Time of arrival

After School Care _____
Time child will be picked up

DAYS NEEDED _____

I have read and agree to meet the FINANCIAL OBLIGATION for Before and After Care.

Date: _____ Parent Signature _____

Please complete the following information:

Names of Parent(s)-(please print)

(mother)
Home Phone: _____

(father)
Home Phone: _____

Mother's Work: _____

Father's Work: _____

Mother's Cell Phone: _____

Father's Cell Phone: _____

If someone other than yourself will bring your child or pick up your child, please list the name and phone number of that person below.

Name: _____ Phone: _____ work
home
cell

Relationship to child: _____

REMINDER: The registration fee is due with the Registration Form. Maryland State Regulations limit the number of students we can accept in our Before and/or After Care Program.

(Revised 6/09)

