PRIME-TIME @ HOLY INFANT AFTER CARE PROGRAM

2009/2010

ABOUT OUR PROGRAM:

We will strive to have a Christ centered After School Program. We will also have the same philosophies, and guidelines of the full time school incorporated in our program. We strive to provide a warm and comfortable home-like environment for your child. A variety of activities are planned so each child's interests, talents and needs are met.

PROGRAM HIGHLIGHTS:

- Students remain in a familiar environment with their school friends. They are also able to take part in school related activities without a transportation issue.
- School gym and outside play area is available for our use.
- After school options children can do are: Homework Center, Computer, Arts & Crafts, Games, and Special Projects.
- Parent Handbooks and all other forms will be mailed to your home or given out on child's first day.
- Hours of Operation: Afternoons: 2:45 to 6:00 PM (Snack provided) Open on all scheduled school days and all school half-days.
- Payments are due one month in advanced.
- **No fees assessed for school scheduled days off.**

# of Days available	After School Amount
2	$29
3	$47
4	$58
5	$66

- Payment is based on the number of days you register. (No refund for days not attended)
- Annual Registration Fee: a non-refundable registration fee per family of $50.00 is due upon registration.
- Mail or drop off completed registration form and check to the school office. $50.00 payable to: ***Prime Time After Care.***
- A 10% discount for having two children in the program. (Registration fee not included in discount)
- To contact the director please call the school at **(636) 227-0802 ext. 6**. Leave a message if unavailable.

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REGISTRATION FORM- PRIME TIME AFTER CARE– 2009-2010 SCHOOL YEAR

Child's Name: _____ Grade (Fall 2009)_____

_____ _____

_____ _____

Street Address: _____

City State Zip

Home Phone: _____ Pager/Cell Phone: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Number of Days: _____2 Days_____3 Days_____ 4 Days _____ 5 Days (please check **one**)

Specific Days Registering: ____M ____T ____W ____TH ____F (please check **all that apply**)