

SERENDIPITY CLUB REGISTRATION 2007-2008

FAMILY NAME (including parent's first names) _____

HOME PHONE NUMBER (_____) _____

If you wish to utilize the services of Serendipity Club at the Pre-paid, Drop-In, or Family rate, please **complete both sides of this form and attach your registration fee payment of \$50.00.** *Checks only please payable to Serendipity Club.*

Serendipity Club services IS available for PRE-KINDERGARTEN students.

Registration Fee

Registration is a start-up fee for the program. It permits the Director to purchase supplies and materials that is necessary to administer the program. The registration fee is **\$50.00** per family each year.

Pre-paid Rate

Families who **PAY THE REGISTRATION FEE PRIOR** to using the Serendipity Club services and **PAY IN ADVANCE** will be charged at a rate of **\$4.00** per hour/per child.

Drop-In Rate

Families who **PAY THE REGISTRATION FEE PRIOR** to using the Serendipity Club services and **DO NOT PAY IN ADVANCE** will be charged at a rate of **\$5.00** per hour/per child.

Non-Registered Rate

Families who **DO NOT PAY THE REGISTRATION FEE PRIOR** to using the Serendipity Club services will be charged at a rate of **\$6.00** per hour/per child.

Rates After 6:00 PM.

After 6 PM, families will be charged at a rate of **\$1.00 per minute/per child for the first ten (10) minutes, and \$20.00 per hour/per child, or fraction thereof, thereafter.** These "Late Pick-Up Fees" are due and payable at the time of pick-up.

Family Rate

To alleviate the burden and economic hardship pertaining to childcare costs experienced by families with two (2) or more children, the Serendipity Club has set up a tiered rate schedule of charges. Families who have **PAID THE REGISTRATION FEE PRIOR** to using the Serendipity Club services and **PAY IN ADVANCE** will be charged at a rate of **\$4.00** per hour for the sibling with the most hours, with additional siblings charged at a rate of **\$3.60** per hour/per child. For equal amounts of hours, one (1) sibling will be charged at a rate of **\$4.00** per hour, with additional siblings charged at a rate of **\$3.60** per hour/per child. **Families must be registered prior to using the Serendipity Club services and pay in advance to be charged this rate.**

FINANCIAL AGREEMENT

I agree to pay according to the guidelines of the Extended Care Handbook for services rendered by the Serendipity Club of Holy Rosary School. **"Late Pick-Up Fees"** are as follows:

Serendipity Club closes at 6:00 PM. Parents/Guardians are expected to arrive no later than 6 PM. **There is no grace period after 6:00 PM.** Parents/Guardians will be charged at a rate of **\$1.00 per minute/per child for the first ten (10) minutes, and \$20.00 per hour/per child, or fraction thereof, thereafter.** *These "Late Pick-Up Fees" are due and payable at the time of pick up.*

Parent/Guardian Signature _____

Date _____

1. **Child's Full Name** _____ **Grade** _____

_____ **Regular Schedule**

	Before School	After School
Monday	_____ to _____	_____ to _____
Tuesday	_____ to _____	_____ to _____
Wednesday	_____ to _____	_____ to _____
Thursday	_____ to _____	_____ to _____
Friday	_____ to _____	_____ to _____

_____ **Varied Schedule**

Serendipity Club services will be utilized as the need arises. A schedule will be provided to the Serendipity Club Director in advance whenever possible.

_____ **I would like my child to attend Study Hall, 3:30-5:00 PM.**

2. **Child's Full Name** _____ **Grade** _____

_____ **Regular Schedule**

	Before School	After School
Monday	_____ to _____	_____ to _____
Tuesday	_____ to _____	_____ to _____
Wednesday	_____ to _____	_____ to _____
Thursday	_____ to _____	_____ to _____
Friday	_____ to _____	_____ to _____

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