**Crossroads: Before & After School Programs**

**Part of the Holy Trinity Weekday Schools**

**927 S. Providence Road, Wallingford, Pa 19086 Tel: 610-876-1721**

**Email:** [**directorcrossroads@gmail.com**](mailto:directorcrossroads@gmail.com)

**Registration Form 2020-2021**

Name of Child:

Date of Birth: Sex: M F Home Phone:

Address:

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade child will be in September 2020: K 1 2 3 4 5 (please circle)

School child will attend in September 2020: NPE SRS WES (please circle)

Name of Parent/Guardian(s):

Work or Cell Phone:

Church Affiliation (Optional):

Program(s) we are registering for: \_\_\_\_\_Before School \_\_\_\_After School \_\_\_K extended (3:30-6pm)

Attending: Mondays Tuesdays Wednesdays Thursdays Fridays (please circle)

Parent Signature:

Date of Registration:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***Please return this form with the $75.00 registration fee for one child or $100 per family. Registration fees are non-refundable.**

For office use only:

Registration #: Check#: Date received:

\_\_\_\_returning CR family \_\_\_\_HTPS family Church Member

**Please initial at the end of each item to indicate that you have read and agree to our policies:**

1. **Terminations to enrollment must be submitted in writing 30 days prior to the change.** \_\_\_\_\_\_\_
2. **Refunds are not given for days missed. Changes to enrollment must be submitted in writing by the 15th of the month preceding the change. \_\_\_\_**
3. **Spaces will not be held “open” on days your child is not attending. IE: If you register for Monday, Wednesday, Friday, your space is reserved for those days. We cannot guarantee to accommodate changes and additions. \_\_\_\_\_\_\_**
4. **Tuitions are due on the first of each month. There is a 5-day grace period allotted for tuition. Any tuition still unpaid at the end of the grace period will incur a $20 late payment charge. \_\_\_\_\_\_**
5. **Accounts in arrears by 2 months are subject to termination of services unless payment arrangements were made and approved. \_\_\_\_\_\_**
6. **A late pick up fee of $10 for the first five minutes and $1 per minute after will be charged for pick up after 6pm. \_\_\_**
7. **Enrollment packets will be sent out by June 30th. All forms in the packet must be completed and returned to the office by July 19th. \_\_\_\_**