



HOLY TRINITY

CLASSICAL CHRISTIAN SCHOOL

LION'S WATCH ENROLLMENT FORM 2020-2021

FAMILY NAME _____

ADDRESS _____ CITY/COUNTY/STATE _____

ZIP _____ HOME PHONE _____

CONTACTS:

1.) CONTACT/PARENT _____ EMAIL _____

CELL PHONE _____ WORK PHONE _____

2.) CONTACT/PARENT _____ EMAIL _____

CELL PHONE _____ WORK PHONE _____

EMERGENCY CONTACTS:

1.) _____

2.) _____

OTHERS WITH PICKUP AUTHORIZATION: _____

NOT AUTHORIZED TO PICK UP: _____

CHILDREN ENROLLING:

1.) NAME _____ HOMEROOM _____

BIRTHDAY _____ GRADE _____ ALLERGIES _____

SPECIAL MEDICAL NEEDS _____

PRIMARY DOCTOR _____

AFTERCARE LEVEL (CHILD 1):

AFTER-KINDERGARTEN ONLY AFTERCARE ONLY AFTER-KINDERGARTEN + AFTERCARE

2.) NAME _____ HOMEROOM _____
 BIRTHDAY _____ GRADE _____ ALLERGIES _____
 SPECIAL MEDICAL NEEDS _____
 PRIMARY DOCTOR _____
 AFTERCARE LEVEL (CHILD 2):
 AFTER-KINDERGARTEN ONLY AFTERCARE ONLY AFTER-KINDERGARTEN + AFTERCARE

3.) NAME _____ HOMEROOM _____
 BIRTHDAY _____ GRADE _____ ALLERGIES _____
 SPECIAL MEDICAL NEEDS _____
 PRIMARY DOCTOR _____
 AFTERCARE LEVEL (CHILD 3):
 AFTER-KINDERGARTEN ONLY AFTERCARE ONLY AFTER-KINDERGARTEN + AFTERCARE

Required Policies and Agreements: Please initial on the line after each of the following statements indicating that you have read and agree to the terms put forth on this enrollment agreement.

- HTCCS Aftercare is available from 2:55 pm-5:30 pm – All Scheduled Full-Day School Days**
The Aftercare Program is not available for early dismissal days, teacher-in-service days, scheduled school breaks, or any holiday when school is not in session. _____
- HTCCS Aftercare Rates** – MONTHLY \$112.50 (August, December, April) \$150.00 (September, October, November, January, February, March, May)
- HTCCS Drop-In care is not available at this time due to COVID-19.**
- Notification of Changes to Aftercare Routine.** Parents must notify the child’s homeroom teacher and the front office if any changes are made to the child’s normal aftercare routine. _____
- Payment Obligation.** Your payment obligation is based on the monthly rate. All fees will be charged monthly including days missed due to illness, vacations, etc. No refunds or deductions can be made for days your child is absent. _____
- Late Fee.** A late fee of \$10.00 will be charged for the first 5 minutes (after 5:31 pm) and \$1.00 for every additional minute. _____
- Habitual Late Pick Ups** may result in termination of services. _____
- Illness.** If a child becomes ill during aftercare, arrangements must be made immediately to pick up the ill child. _____

I have read and and agree to all of the above _____