Holy Trinity Weekday Schools, 927 S. Providence Rd, Wallingford, PA

 610-876-1721, email: directorcrossroads@gmail.com

**Crossroads: School Age Programs**

**Registration Form 2024-2025**

Child Information:

Name of Child/Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F Grade in September 2024: \_\_\_\_\_\_\_\_\_\_\_\_

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

Programs child will attend: \_\_\_\_Before School \_\_\_AM K Early Bird \_\_\_\_After School

\_\_\_\_K CLUB AM (WSSD PM Kindergarten) \_\_\_\_K CLUB PM (WSSD AM Kindergarten)

Days of Attendance: Mondays Tuesdays Wednesdays Thursdays Fridays (circle)

Parent/ Guardian Information:

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Enrolling Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Fee of $100 per family is required. Please make checks payable to Crossroads. Registrations are NON-REFUNDABLE and do not guarantee placement. Please be sure to review and initial the enrollment policies on the back of this form.**

For Office Use Only : Registration #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. **Tuition is 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 $35 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 MUST be completed and returned by the deadline to ensure enrollment. Missing the deadline will cause your space to be forfeited.** \_\_\_\_\_\_