



THE HIGHLANDS SCHOOL

AFTER-SCHOOL CARE PROGRAM

After-School Care Hours: 3:00 – 6:00 pm, Monday through Friday for registered students in PreK-3 through 8th grade. To register for our After-School Care Program please complete the attached form and email it to jmull@thehighlandsschool.org or drop it in the accounting box adjacent to the front desk in the Main Office.

Registered Rates				
Number of children	Full Year Rate	Annual Pay (5% Discount)	Semester Pay (2% Discount)	Facts Monthly Plan
		One payment of	Two payments of	Ten Payments of
1	\$2,200	\$2,090	\$1,078	\$220
2	\$3,960	\$3,762	\$1,940	\$396
3	\$4,950	\$4,702	\$2,425	\$495
4	\$6,160	\$5,852	\$3,018	\$616
Drop-In Rate: \$15 per hour/per child				
Late Charge (after 6:00 pm): \$10.00 plus \$1.00 per minute				

All payments will be collected through the FACTS system using the account established for incidental billings.

Drop-Ins: We also provide care on a “Drop-In” basis for all other students not picked up in carpool. These students are brought directly to After-School Care at 3:30.

Days of Available Care: After-School Care is provided on all school days with the exception Early Dismissal Days. No care will be provided on those days. After-School Care will not be provided on days school is not in session.

The first day of After-School Care will be on **August 9th** and the last day will be on **May 27th**.

If you have any questions regarding our After-School Care Program please contact Michelle Krause. mkrause@thehighlandsschool.org



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Registration Form

To register your child(ren) for our After-School Care Program please complete the attached form and submit it to jmull@thehighlandsschool.org or drop it in the accounting box adjacent to the front desk in the Main Office.

Parent/Guardian Names: _____

Please note: All persons eligible to pick-up your child must be listed on this form.

Address: _____
(City/State/Zip)

Mother's Phone Number: _____

Father's Phone Number: _____

Students to be enrolled:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Emergency Contact (in case a parent cannot be reached):

(Name) (Home Phone) (Work Phone) (Cell Phone)

Payment Plan Selection (select one):

Annual Pay (5% Discount)

Semester Pay (2% Discount)

Monthly Pay

