



HOLY SAVIOR ACADEMY

149 South Plainfield Avenue, South Plainfield, NJ 07080

908-822-5890 908-822-5891 Fax

AFTER SCHOOL CARE PROGRAM

Agreement to Pay & Registration 2025-26

I _____ Student name _____
PRINT Parent/Guardian Name Print Student Name

Student name _____

agree to pay all fees incurred for After School Care services. I understand that if payments are not made to Holy Savior Academy on time by the 5th of the month that my student will not be allowed to attend the after school care program and report cards may be withheld. Lunch and snacks are not provided.

Parent/Guardian Signature

Date

Email address _____

Phone #

Please check one:

Fee for one child monthly **until 4:30pm is \$220.00** _____ **until 6:00pm is \$280.00** _____

Fee for two children monthly **until 4:30pm is \$375.00** _____ **until 6:00pm is \$490.00** _____

The daily rate is **\$18.00 per day per child** (\$25.00 on early dismissal days) **until 6:00pm** _____

Release Form

Should emergency medical treatment be necessary, and I am unable to be contacted immediately, I authorize the Holy Savior Academy delegate in charge to act on my behalf and approve appropriate treatment.

I specifically waive claim or claims that may be derived from any accident or injury sustained by my son/daughter on recreational equipment, or any participation in the After School Care Program. I further agree to indemnify and save harmless the above named school, the Catholic Diocese of Metuchen, their staff and all adult supervisors working on their behalf.

Name of Student _____

Grade _____

Parent/Guardian Signature

Date