



Holy Apostles
CATHOLIC PARISH AND SCHOOL

2024-25 3K Wrap Around Care Registration Form

Preferred Registration by June 4, 2024

This registration form states your family’s **approximate** need for 3K Wrap Around Care for the 2024-25 school year. **There is NO registration fee.**

We are aware that schedules can change during the year, but please state as accurately as possible your family’s needs for 3K Wrap Around Care. **Afternoon session runs from 12:15pm – 3:15p.m. at the flat fee of \$21.**

Family Name: _____ Home Phone: _____
 Address: _____ City/Zip: _____
 Father’s Name: _____ Mother’s Name: _____
 Email: _____ Email: _____
 Cell Phone: _____ Cell Phone: _____
 Work Phone: _____ Work Phone: _____

BELOW IS AN APPROXIMATE SCHEDULE FOR THE 2024-2025 SCHOOL YEAR.

AN ACTUAL SCHEDULE WILL NEED TO BE PROVIDED in August with your Form and Fee drop off materials.

Student’s Name: _____ **Grade: 3K - 3 Day Program**

| | Monday | Wednesday | Friday |
|------------------------------------|--------|-----------|--------|
| Afternoon Session (12:15-3:15) | | | |

Student’s Name: _____ **Grade: 3K - 5 Day Program**

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------------------------|--------|---------|-----------|----------|--------|
| Afternoon Session (12:15 – 3:15) | | | | | |

There is no required registration fee for Wrap Around Care.

I have read the 3K Wrap Around Care program Handbook found at www.hanbschool.org under Parent Resources.

Signature: _____ Date: _____