

Most Blessed Sacrament

After School Care Registration: 2025 – 2026 School Year



FAMILY INFORMATION

Contact Name: _____

Relation: _____

Child / Children Names & Grade:

SELECT ONE OPTION BELOW

☐ One Time (Yearly) Payment

Payment (Select type below) pay by August 19, 2025.

☐ \$600 – Single Child

☐ \$1,200 – Family Plan

☐ Check: # _____ Cash: (only use for in-person payments) Amount Paid: \$ _____

☐ Credit/Debit: # _____ Expiration Date: _____ CVV: _____

MAKE A PAYMENT ON THE PARISH WEBSITE. Go to: BlessedSacramentToledo.com/Care

☐ Hourly Agreement

BILL BY THE HOUR:

- ☐ I agree to pay all weekly invoices and to make all payments either online or at the Parish or School office. I understand I will be charged \$7 per hour, and all fees will be broken down by the minute.

Signature: _____ Date: _____

OFFICE USE ONLY

Amount Paid: _____ Date Paid: _____ Processed by: _____

☐ FULL PAY

☐ HOURLY AGREEMENT