Most Blessed Sacrament

After School Care Registration: 2026 – 2027 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, 2026.

Address: _____

☐ **$700 – Single Child** ☐ **$1,300 – Family Plan** City_____ State____ Zip_____

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

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

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

☐ **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 $7.50 per hour, and all fees will be broken down by the minute. Invoices will be sent home bi-weekly with a date to pay by. If the invoice is not paid, the student(s) will not be able to attend school.

Signature: _____ Date: _____

OFFICE USE ONLY

Amoun Paid: _____ Date Paid: _____ Processed by: _____

☐ FULL PAY ☐ HOURLY AGREEMENT