



2015-2016
EXTENDED-DAY PROGRAM
for PreK-Grade 4

The
Agnes Irwin
School

Ithan Avenue and Conestoga Road
Rosemont, PA 19010-1042
Email: aftersession@agnesirwin.org
agnesirwin.org

REGISTRATION FORM

AFTER SESSION at The Agnes Irwin School is a safe, convenient after-school program that provides an enriching and structured experience for Lower School students. Girls are engaged in a variety of planned activities including arts & crafts, cooking, computer time, and reading. Homework supervision / quiet time and snack will be offered daily, as well as outdoor and free play. After Session is led each afternoon by Margot Giuliano.

SCHEDULE

When Lower School has a full day dismissal-6:00 p.m.

When Lower School has a conference day7:30 a.m.-5:30 p.m.

FEES

Full-Year Package paid in full at time of enrollment or by September 30, 2016
5 days (35 weeks) \$3,850 (\$22/day)*

Daily Rate \$28

If you pick up between dismissal-4:00 p.m. \$14

**Includes conference days*

For billing questions, please contact Lisa Dowd at ldowd@agnesirwin.org or 610-672-1272.

RESERVATIONS

If you wish to make reservations on a daily basis instead of purchasing a full-year package, please contact Margot Giuliano at 610-672-1274 or aftersession@agnesirwin.org. Fees for days missed cannot be refunded.

LATE PICKUP

A late pickup fee of \$50 will be charged if a student is picked up after 6:00 p.m.

FINANCIAL ASSISTANCE

Financial assistance is available for families who are currently receiving a financial aid grant for the 2015-2016 school year. In order to make a request for consideration, please contact Randie Benedict, Director of Enrollment Management, at rbenedict@agnesirwin.org or by calling 610-526-1667.

COMPLETE, DETACH & MAIL TO:

After Session at The Agnes Irwin School
Ithan Avenue and Conestoga Road
Rosemont, PA 19010-0407

CHECKS PAYABLE TO:

The Agnes Irwin School

Full Time (Monday - Friday)

Weekly

Daily (Please check below)

Monday Tuesday Wednesday Thursday Friday

Student's Name (please print) _____ Grade in Sept '16 _____ Birthdate _____

Phone Number _____ Email _____

Parent/Guardian "A" (please print) _____ Cell Phone _____

Parent/Guardian "B" (please print) _____ Cell Phone _____

Authorized adult/s permitted to pick up your child _____

Emergency Contact (other than parents) _____ Cell Phone _____ Relationship _____

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Please note any medical, educational or family circumstances which require special attention. **Please list any food and medication allergies:**

Parent Signature _____