



## Sacred Heart Catholic School

907 Runneburg Rd

Crosby, TX 77532

281-328-6561

www.sacredheartschoolcrosby.org

2011-2012

BEFORE/AFTER CARE FEES: The monthly rates are based on a 180 day school year and are pro-rated over a ten month period.

Registration: \$35 per student for **all** grade levels, Pre K 3 – Grade 8, with a maximum of \$70 per family. **Please register by August 1.**

*BEFORE/AFTER CARE MONTHLY RATES APPLY TO STUDENTS IN KINDERGARTEN – 8<sup>TH</sup> GRADE*

### BEFORE SCHOOL (6:30-7:45am)

Child(ren)	1	2	3
5 days per week	\$60	\$85	\$110
4 days per week	\$50	\$70	\$90
3 days per week	\$40	\$55	\$70
2 days per week	\$30	\$40	\$50
1 day per week	\$20	\$25	\$30

### AFTER SCHOOL (3:15-6:00pm)

Child(ren)	1	2	3
5 days per week	\$150	\$205	\$260
4 days per week	\$125	\$170	\$215
3 days per week	\$100	\$130	\$165
2 days per week	\$75	\$95	\$115
1 days per week	\$50	\$60	\$70

Occasionally families may need care and for those times we charge \$5 for morning care and \$8 per hour for afternoon care. All children needing care must pay the \$35 registration fee for Extended Day.



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***Before/After Care Parent Contract***

In consideration of my child/ren's participation in the Extended Day Program, I agree to the following:

1. I agree to pay a non-refundable registration fee of \$35 per student in **all grade levels**, Pre K 3 – Grade 8, with a maximum of \$70 per family.
2. I agree to pay an amount determined by the number of sessions my child is attending. I agree to remit each month's fees upon receiving my monthly statement. I understand that there is a \$30 late fee of payments made after the 10<sup>th</sup> of each month.
3. I agree that I will pick up my child by 6:00 pm or earlier. I understand that in the event my child is not picked up by 6:00 pm, a fee of \$15 within the first fifteen minutes (until 6:15 p.m.) and \$1.00 per minute per child thereafter in addition to the charges for that day will be assessed. After 6:15 p.m., my emergency contact will be called.
4. I agree to walk in and personally pick up my child from the Before/After Care.
5. I agree that Sacred Heart Catholic School will be held free and harmless from any and all injuries occurring to my child, except as to such injuries that directly result from acts of negligence on the part of the Sacred Heart School Staff.
6. In the event of an emergency, I give my permission to the staff member to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
7. I understand that in the event of late payment, late pick-up of my child, or for any other good cause, the Sacred Heart administration or his/her delegate reserves the right to remove my child from the Before/After School Program for the remainder of the year.
8. I understand that the Before/After School Program is an extension of the school and that all rules and policies apply.

Family Last Name: \_\_\_\_\_

Children's First Names: \_\_\_\_\_

Circle the days needed for Extended Day AM: M T W Th F

Circle the days needed for Extended Day PM: M T W Th F

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date



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***Before/After Care Medical Consent***

Family/Parents Name: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_

My child is allergic to the following:

Medications: \_\_\_\_\_

Foods: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

My child is allergic to the following:

Medications: \_\_\_\_\_

Foods: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

My child is allergic to the following:

Medications: \_\_\_\_\_

Foods: \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In the event of illness or injury to my child (ren), which in the judgment of Sacred Heart Catholic School staff requires emergency treatment, EMS will be called. EMS will determine if your child is to be transferred to a hospital emergency room. Parents will be contacted immediately.

I hereby release the Sacred Heart Catholic School Before/After Care Program from any claim arising out of the Doctor's actions. All medical expenses shall be the parent's responsibility.

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

NOTE: The Before/After Care Staff will not administer any prescription or nonprescription drug for any reason. Please notify the nurse if your child is ill with a communicable disease.

In the event of an emergency, we will make every effort to contact the parent first. The Before/After Care Staff will have access to all Emergency numbers as provided by the parents.

**Please provide any special information that is important for us to know.**