

Sacred Heart School
60 Washington Avenue
Suffern, New York 10901

May 18, 2016

Dear Parents/Guardians:

The after-care program at Sacred Heart School is held Monday –Friday from 2:30 pm until 6:00 pm when school is in session, unless otherwise stated or in the event of inclement weather.

The after-care program has its own space on the top floor of the school building. The students will meet in the gym at dismissal time. Students who have homework will be taken to a quiet place so that their homework can be accomplished. Eventually the students will either be on the playground or in the after-care room. This is where you will pick up and sign out your child. If the students are in the classroom on the top floor, please ring the bell on Clinton Avenue and you will be let into the building.

Everyone who wishes to utilize the program must fill out a registration form and attach a check for \$25.00 made payable to Sacred Heart School. Children will not be allowed to attend the after-care program if they have not registered.

The cost for the program for full time is \$ 80.00 per/week. There is a discount given for a second child. The cost for children who use the program on a “need basis” or for only a few hours per week is \$10.00/hour.

You will be billed on a monthly basis and payment is due on the 15th day of each month.

Please return the attached form and registration fee as soon as possible. The program fills up quickly. You can mail the forms to the main office.

After-Care begins on the second day of school, Friday September 9th. There is no After-Care on September 8th. If your child is in our Pre-Kindergarten 4 – Program, After-Care begins on Monday September 12

Enjoy the summer!

Sincerely,

Mrs. K. Grande

AFTER SCHOOL PROGRAM EMERGENCY FORM

CHILD'S NAME: _____

GRADE: _____

PARENT'S NAMES/ LEGAL GUARDIANS: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

TELEPHONE #'s WHERE YOU CAN BE REACHED DURING AFTER SCHOOL HOURS (2:30- 6:00PM):

1) _____

2) _____

3) _____

MY CHILD WILL USE THE PROGRAM (CHECK ONE AND WRITE APPROXIMATE TIMES):

FIVE DAYS A WEEK/FULL TIME _____

ONLY ON: _____

MONDAYS _____

TUESDAYS _____

WEDNESDAYS _____

THURSDAYS _____

FRIDAYS _____

AS NEEDED _____

THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD:

NAME:	RELATIONSHIP:	PHONE NUMBER:

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____