



Educating Mind + Heart + Spirit

BEFORE AND AFTER SCHOOL CARE 2020-2021

Before School Care

The morning extended day program is open from 7:00 a.m. to 7:45 a.m. The cost is **\$10.00** per day per student. All students are walked to and signed in to Before School Care by parents which is located in the school or gym depending on arrival time for Before School Care.

After School Care- A.S.A.P. (After School Activities Program)

Sacred Heart School offers an extended day program available to students enrolled in PK3 – 8th grade at Sacred Heart. Activities include snacks, study/quiet time, organized and free time, crafts, games, etc.

The program operates from 3:15 p.m. to 6 p.m. Monday-Friday.

A.S.A.P. is only offered on days when school is in session, on early release days and staff development days. Families wishing to choose a two-day or three-day a week option must specify which day's students will be attending. This is necessary to ensure adequate adult supervision and to be prepared for activities each day.

A.S.A.P. is not prepared for drop-ins. If an emergency arises such that a family member is unable to pick up a student by 3:15 p.m., the parent should call the school office to discuss the situation.

Registration Fees for A.S.A.P.

There is a \$40.00 registration fee per child billed through FACTS if payment is not sent with registration form. Every child that stays for A.S.A.P. must be pre-registered. The form must be completely filled out and signed with the registration fee attached. This fee is non-refundable.

Fees for ASAP are pro-rated based on required student days set by the Texas Catholic Conference of Bishops Education Department (TCCBED). Parents accept full responsibility for payment of all tuition and fees if a student is dismissed or must leave during the school year.

A.S.A.P Tuition	Monthly Rate	Annual Rate
Monday-Friday	\$295.00 per month	\$2,000.00
Three days a week	\$195.00 per month	\$1,640.00
Two days a week	\$135.00 per month	
*Emergency Drop-in Fee	\$25.00 per day	

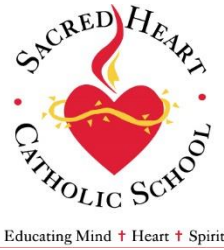
Tuition will be billed through FACTS on the 1st of each month and is non-refundable if the child is absent. Payments will be processed through FACTS. Please make a note on the remittance stub to ensure credit is given to your account.

Families must commit in August to using the A.S.A.P. program for 3 or 5 days per week from August to May in order to qualify for the annual rate. Annual rate can be paid in 10 equal payments August-May.

***\$45.00 returned check fee

Late Pick-Up of Students

\$1.00 per minute is charged when students are not picked up at announced closing times including school activities such as athletics, extra-curricular activities and the After School Program. Late pick up fees are charged by family. Charges begin 15 minutes after the dismissal bell or one minute past the closing time for school activities and the After-School Program.



AFTER SCHOOL CARE REGISTRATION

Family Name: _____ Phone Number: _____

Father's Name: _____ Phone (wk.): _____

Phone (cell): _____

Mother's Name: _____ Phone (wk.): _____

Phone (cell): _____

Name(s) of Children	Age	Grade	Circle Days
_____	_____	_____	M T W Th F
_____	_____	_____	M T W Th F
_____	_____	_____	M T W Th F
_____	_____	_____	M T W Th F

After School Activities: Must notify ASAP staff for your child to be released

Name(s) of Children	Activity	Circle Days
_____	_____	M T W Th F
_____	_____	M T W Th F
_____	_____	M T W Th F
_____	_____	M T W Th F

All **Local** Persons Authorized to Pick Up:

Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____

Special Health Problems, Allergies or Information that needs to be noted: _____

Parent/ Guardian Signature

Date



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BEFORE SCHOOL CARE REGISTRATION

Family Name: _____ Home Phone: _____

Student's Name(s)	Age	Grade	Circle Days
_____	_____	_____	M T W TH F
_____	_____	_____	M T W TH F
_____	_____	_____	M T W TH F
_____	_____	_____	M T W TH F

I will use this service on an occasional basis

Check Box:

Father's Name: _____

Phone (wk) _____

Phone (cell) _____

Mother's Name: _____

Phone (wk) _____

Phone (cell) _____

Special Health Problems, Allergies, or information that needs to be noted:

Parent/ Guardian Signature

Date