



Sacred Heart Catholic School
 907 Runneburg Rd
 Crosby, TX 77532
 281-328-6561
 www.sacredheartschoolcrosby.org

2018-2019

BEFORE AND AFTER SCHOOL PROGRAM

PROGRAM FEES

The monthly rates are based on a 180 day school year and are pro-rated over a ten month period.

REGISTRATION

\$40 per family in Kindergarten – Grade 8. **Please register by August 1.**

*BEFORE AND AFTER SCHOOL PROGRAM MONTHLY RATES APPLY
 TO STUDENTS IN KINDERGARTEN – 8TH GRADE*

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

Child(ren)	1	2	3
Monthly rate	\$60	\$80	\$100

AFTER SCHOOL (3:30-6:00pm)

Child(ren)	1	2	3
Monthly rate	\$135	\$180	\$225

Occasionally families may need the program and for those times we charge \$10 for the morning session and \$13 per hour for the afternoon session. All families using the program must pay the \$40 registration fee.



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BEFORE AND AFTER SCHOOL PROGRAM PARENT CONTRACT

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

1. I agree to pay a non-refundable registration fee of \$40 billed through FACTS per family in Grades K-8.
2. I agree to pay the amount listed on the BASP fees chart. These fees will be billed through FACTS.
3. I agree that I will pick up my child by 6:00pm or earlier. I understand that in the event my child is not picked up by 6:00pm a fee of \$15 within the first fifteen minutes (until 6:15pm) and \$1.00 per minute per child thereafter in addition to the charges for that day will be assessed. After 6:15pm, my emergency contact will be called.
4. I agree to walk in and personally pick up my child from the Before/After School Program.
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 and After School Program for the remainder of the year.
8. I understand that the Before and After School Program is an extension of the school and that all rules and policies apply.

Family Last Name: _____

Children's First Names: _____

Parent /Guardian Signature

Date



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**Before and After School Program
Medical Consent**

Family/Parent 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 School 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 School Program Staff will not administer any prescription or nonprescription drug for any reason. Please notify the School Office 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 School Program 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.