

**Sacred Heart of Jesus
After School Program Enrollment Agreement
2017-2018**

Please fill in completely and carefully. As used in this agreement, “you,” “your” or “yours” refer to the person who signs this Enrollment Contract, “We,” “us” or “ours” refer to the Sacred Heart of Jesus School After School Program. Agreements are issued once per year.

I. STUDENT ENROLLMENT

By signing this agreement, you enroll _____(the student),
in the After School Program on the following basis:

Full Time
 Part Time(Circle day(s) care is needed)

Monday Tuesday Wednesday Thursday Friday

II. FEES AND PAYMENTS

This agreement is due on or before your child attends After School Care Program with a \$35 non-refundable deposit per family. Following is the fee schedule:

\$15 per day per student that Sacred Heart School is in session
\$11 for the 2nd child on that day
\$9 for the 3rd child on that day
\$7 for the 4th child on that day
Due on the sixth of each month.

III. RULES AND REGULATIONS

You agree to accept and comply with our rules and regulations. You agree that the Program begins on scheduled school days upon school dismissal and runs no later than **6:00 p.m.** You understand that the Program operates only on scheduled school days. Children whose parents are chronically tardy in picking them up will be asked to leave the program. You also agree that the After School Program reserves the right to release any student from its program when the particular needs of that student conflict with the needs of the group at large or when a student does not obey our rules and regulations.

You further agree that you will notify the Program and the child’s classroom teacher in advance if the student will not be attending a scheduled session. You will also notify us if someone other than a parent is picking up your child.

IV. EMERGENCY CARE

You authorize Sacred Heart of Jesus School Program to act in the place of the parents or guardians of the student should any emergency medical or surgical treatment or hospitalization be required during the time this student is enrolled in the Program. It is understood that the Program and hospital authorities will make every effort to contact the parents before acting on this authorization.

You further agree to notify Sacred Heart School After School Program in the event that there are any changes in your emergency information.

The Sacred Heart of Jesus After School Program

Date _____

By _____
Director

Name of Student: _____

Grade: _____ Teacher: _____

Name of Student: _____

Grade: _____ Teacher: _____

Name of Student: _____

Grade: _____ Teacher: _____

Full Name of Parent/Guardian: _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

E-mail _____

Local Emergency Contacts: 1. Name _____
Phone _____

2. Name _____
Phone _____

Doctor: Name _____

Phone _____

Signature of Parent/Guardian

Date