



Sacred Heart Catholic Academy

84-05 78th Avenue
Glendale, New York 11385
Tel (718) 456-6636
Fax (718) 456-0286

September 2023

SHCA AFTER SCHOOL PROGRAM - P.S. 113

Dear Parents and Guardians,

Sacred Heart Catholic Academy offers an After School Program for students enrolled at P.S. 113 in grades Kindergarten through 5th grade. The program runs Monday through Friday from regular afternoon dismissal until 6:00 p.m. and will follow the SHCA academic calendar. Students will be escorted to Sacred Heart by our faculty. The program includes time for a light snack (*provided by the parents*), free playtime in our gym or on occasion outside, crafts, and movies under SHCA faculty supervision.

Participation in the After School Program is on a monthly basis for five days a week. ***Please note, pre registration to the program is required.***

The cost of the program is as follows:

| | |
|---------------|--|
| Registration | \$25.00 <i>Due at time of registration with completed Parental Permission Form.</i> |
| 5-Day Program | \$400.00 per month (one child) \$500.00 per month (two children) \$550.00 per month (three children) <i>Payments in the form of cash or check (written out to SHCA) are due at the beginning of each month.</i> |
| Late Fee | \$10.00 per day / per child / every 15 minutes after 6:00 p.m. |

To enroll your child(ren), please complete and return the attached forms to SHCA along with your registration fee and the first month's payment. If you have any questions, please feel free to contact the school at (718) 456-6636.

Thank you.

Michael J. Callaghan, Principal



Sacred Heart Catholic Academy OF GLENDALE

SHCA After School Parental Permission Form (PS 113)

| Student Name | Grade | Date of Birth |
|--------------|-------|---------------|
| | | |
| | | |
| | | |

Medical Information (Mark "NONE" if this does not apply.)

| | |
|--------------------------------------|--|
| Medical Condition and/or Allergies | |
| Physical and/or Dietary Restrictions | |

Parent/Guardian Information

| | |
|---------------------------|--|
| Full Name | |
| Relationship to Child/ren | |
| Email Address | |
| Cell Phone / Work Phone | |
| Home Address | |

Authorized for Pick Up/Emergency Contacts *Persons listed below are authorized to provide care for your child and will be contacted in the event you are delayed in arriving by 6:00 p.m.*

Contact #1

| | | |
|-----------|------------|--------------|
| Full Name | Cell Phone | Relationship |
| | | |

Contact #2

| | | |
|-----------|------------|--------------|
| Full Name | Cell Phone | Relationship |
| | | |

Parent Signature: _____

Date: _____



Sacred Heart Catholic Academy OF GLENDALE

SHCA After School Parental Permission Form (PS 113)

(SHCA will provide this completed form to P.S. 113 personnel for their information and records.)

My child/children), _____, in grade(s) _____
will be attending the 2023-2024 After School Program.

I, _____, hereby give permission for a representative of
Sacred Heart Catholic Academy to pick up my child/children from P.S. 113 at regular dismissal
time and escort them back to SHCA for their After School Program.

Parent Signature: _____

Date: _____