



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 - 3K & PreK Students

Dear Parents and Guardians,

Sacred Heart Catholic Academy offers an After School Program for students enrolled in the 3K and PreK program. The SHCA After School Program runs Monday through Friday from dismissal until 6:00 p.m. and includes snack time, free time, crafts, and movies under the supervision of SHCA faculty.

Participation in the After School Program is on a monthly basis with the option to choose from a 5-day or 3-day program. **3K / PreK students attending After School must be potty trained.** If choosing the 3-day program, you must select which set of three days at the beginning of each month. **Please note, pre registration to the program is required.** Payments are due at the beginning of each month.

The cost of the program is as follows:

Registration	\$25.00 <i>Due at time of registration with the attached form completed.</i>
5-Day Program	\$400.00 per month (one child) \$500.00 per month (two children) \$550.00 per month (three children)
3-Day Program (requires specific days)	\$300.00 per month (one child) \$375.00 per month (two children) \$415.00 per month (three children)
Day Rate *	\$10.00 per day / per child <i>This is a mandatory flat fee that will be applied to any student requiring after care between 2:20 - 3:00 p.m. and not pre-enrolled in a monthly After School Program. Billed at the end every month.</i>
Late Fee	\$10.00 per day / per child / per every 15 minutes after 6:00 p.m.

If you have any questions, please feel free to contact either myself or Mrs. Mazzarelli at (718) 456-6636.

Thank you.

Michael J. Callaghan, Principal
Jennifer Mazzarelli, Director of UPK



Sacred Heart Catholic Academy OF GLENDALE

SHCA After School Parental Permission Form (3K & PreK)

Student Name	Grade	Date of Birth

Program Selection

<input type="checkbox"/> 5 Day Program	<input type="checkbox"/> 3 Day Program (<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F)
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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	

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: _____