

September 2024

Sacred Heart Catholic Academy After School Program (3K and PreK)

Dear Parents and Guardians,

Sacred Heart Catholic Academy offers an After School Program for students in the <u>3K and PreK</u> <u>Program</u>. The program runs Monday through Friday from dismissal until 6:00 p.m. The program includes time for a light snack (*provided by the parents*), free playtime in our gym or on occasion outside, under SHCA faculty supervision.

Participation in the SHCA After School Program is on a monthly basis with the option to choose from a 5 day or 3 day program. **ALL 3K and PreK students participating in the program must be fully potty trained.** If choosing the 3 day program, exact days are to be provided at the beginning of each month. Pre Registration is mandatory to participate in the program.

Registration	\$25.00 Due at time of registration with completed Parental Permission Form.	
5-Day Program	\$400.00 per month (one child) \$500.00 per month (two children) \$550.00 per month (three children) Payments are to be made in the form of cash or check (payable to SHCA) and are due at the beginning of each month.	
3- Day Program	\$300.00 per month (one child) \$375.00 per month (two children) \$415.00 per month (three children) Requires specific days provided to the school at the beginning of each month.	
2:20 - 3:00 p.m. Rate	\$10.00 per day / per child 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 care program. Billed at the end of each month.	
Late Fee	\$10.00 per day / per child / every 15 minutes after 6:00 p.m.	
Pick up between 3:15 p.m 4:00 p.m.	\$10,00 per child	



The designated door for after school pick up the main entrance on 78th Avenue. If you have any questions, please feel free to contact the school at (718) 456-6636.

Thank you.

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



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

Student Name		Grade	Date of Birth	
		9		
Program Selection		9		
☐ 5 Day Program		□ 3 Day Program (□M □Tu □W □TH □F)		
Medical Information (Ma	rk "NONE"	if this does not a	.vlaar	
Medical Condition and/or Allergies		3		
Physical and/or Dietary Restrictions				
	4.			
Parent/Guardian Informa	ation	<u> </u>	К	
Full Name				
Relationship to Child/ren				
Email Address		181		
Cell Phone / Work Phone				
Emergency Contacts Percontacted in the event you are d		to the second se	ovide care for your child and will be	
Full Name Cell Phone)	Relationship	
Contact #2				
Full Name Cell Phone		9	Relationship	
			*.	
Parent Signature:				
Date:				