



Sacred Heart Catholic Academy

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

September 2024

SHCA AFTER SCHOOL PROGRAM (P.S. 113)

Dear Parents and Guardians of P.S. 113,

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 PS 113 afternoon dismissal until 6:00 p.m. **Please note that the program follows the SHCA diocesan calendar.** Students from PS 113 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 SHCA After School Program is on a monthly basis for five days a week.

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 are to be made in the form of cash or check (payable to SHCA) and 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 PAGE 1 of the attached Parental Permission form to SHCA along with your registration fee and the first month's payment. Once we have received your registration and payment, the completed PAGE 2 of the attached Parental Permission form must be hand delivered to P.S. 113. 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)

(Once your child/ren are registered for the SHCA After School Program, please complete this page and return it directly to P.S. 113.)

My child/children), _____, in grade(s) _____
will be attending the 2024-2025 After School Program.

I, _____ (PRINT PARENT/GUARDIAN NAME), 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. I am aware that I will make necessary accommodations to have my child/ren picked
up at SHCA accordingly (main entrance on 78th Avenue).

Parent Signature: _____

Date: _____