



# Sacred Heart School After School Program Enrollment Form

<b>Office Use Only</b>	
Regis. Fee Pd _____	Date _____

## Welcome to the Sacred Heart School After School Program.

**Registration Form:** Due upon registering for the service  
**Registration Fee:** \$15 per student due with submission of the form  
**Monthly enrollment fee** \$75 per student due at the beginning of the month

**Drop-in fees** are as follows: Regular Schedule \$ 6/day per student (billed on statement)  
 12Noon Dismissal Days \$12/day per student (billed on statement)

Students staying for After School Program should bring a snack.  
 Drop-ins are welcome, but parents/guardians must send a **written**, signed request.

**Students must be picked up by 6:00 PM.**  
**A late fee of \$1.00 per minute will be charged on late arrivals.**

Students will be logged in daily and must be signed out by the person/s authorized to pick up the student(s). Please add below any additional names and telephone numbers of people who have permission to pick up student(s) from the After School Program. Thank you! ☺

**FAMILY NAME:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

Payment Plan (✓ one): \_\_\_\_\_ Monthly (\$75/mo/student) \_\_\_\_\_ Drop-In (\$6/day, \$12/day 12N Dismiss)

**These people have permission to pick up the above named student(s) from After School Program:**

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)
3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)
4. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)

\_\_\_\_\_  
 (Signature of Parent/Guardian)

\_\_\_\_\_  
 (Date)



**Office Use Only**

Regis. Fee Pd \_\_\_\_\_  
Date \_\_\_\_\_

## Sacred Heart School Bus Riders Enrollment Form

### Welcome to the Sacred Heart School Bus Program

Bus services are available to those families who live in outlying areas including:  
Aransas Pass, Ingleside and the surrounding areas.

**Registration Form:** Due upon registering for bus service  
**Registration Fee:** \$15.00 per family due with submission of this form.  
**Monthly Fee:** \$65.00 per family due at the beginning of the month

Please write below any additional names and telephone numbers of people who have permission to retrieve your student(s) from the bus. Thank you. ☺

\*\*\*\*\*

**Family Name:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

*The following people have my permission to retrieve the above named student(s) from the bus:*

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)

4. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone Number)

Signed by \_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)