



*Inspiring Minds / Fostering Faith*

## SACRED HEART ELEMENTARY SCHOOL AND EARLY CHILDHOOD CENTER

Summer 2025

Dear Parents/Guardians,

Please find enclosed, information pertaining to the **After School Program** for Sacred Heart School children (Grades Toddler through 6). We are pleased to continue to provide this additional service, and look forward to a wonderful school year.

- The After School Program will begin on **Tuesday, September 2<sup>nd</sup>**. The available hours are 2:30 to 5:30 PM, Monday through Friday.
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- A minimum enrollment **of two (2) days per week** with a minimum **of two (2) hours each day** is required. For staffing reasons, we are unable to accommodate a “drop in” or “as needed” service. Your child must be enrolled in the program if you intend to use the service. The exception would be in the case of an emergency.
- A fee is **\$12.00** per hour, per child, for the **After School Program**. The agreement form with requested schedule of days/hours is enclosed.
- **Monthly assessments will be charged to your FACTS Tuition Account.** You will see those charges on your Facts account under incidental expenses. You must authorize auto pay in FACTS for incidental expenses. An additional form for After School payments will need to be signed for authorization.
- The After School Program staffing includes two Program Coordinators, at both the elementary building for grades K-6, and at the ECC for students in T-PreK, as well as high school students, and additional school employees who will supervise the children during play periods and with homework.

Your registration/agreement must be received by Wednesday, August 27<sup>th</sup> in order to start the program(s) on September 2nd. Your first payment will reflect a registration fee of **\$10 per child/\$20 per family**.

Sincerely,

Carla Harris, Susan Butzbach, and Cynthia Crossman



**SACRED HEART ELEMENTARY SCHOOL AND EARLY CHILDHOOD CENTER**  
**CONTRACT for AFTER SCHOOL PROGRAM**  
**2025-26 Grades Toddler through Grade 6**

Child 1 Name/Grade: \_\_\_\_\_ Child 2 Name/Grade: \_\_\_\_\_

Child 3 Name/Grade: \_\_\_\_\_ Child 4 Name/Grade: \_\_\_\_\_

*Please indicate the days and pick-up times for your child (rcn)*

*Please also check if you want Early Dismissal Days Attendance for your child (rcn)*

Monday	Tuesday	Wednesday	Thursday	Friday
Indicate Pick Up Time In This Space  _____ p.m.	Indicate Pick Up Time In This Space  _____ p.m.	Indicate Pick Up Time In This Space  _____ p.m.  Will your child attend After Care on Early Dismissal Wednesdays? Y/N <input type="checkbox"/>	Indicate Pick Up Time In This Space  _____ p.m.	Indicate Pick Up Time In This Space  _____ p.m.

The After School Program is available for Sacred Heart students Toddler through Grade 6, Monday through Friday 2:30-5:30 pm with a **minimum enrollment of two days per week and 2 hours per day**. Changes to this enrollment must be approved by Mrs. Harris. **The fee is \$12.00 per hour**. A registration fee of \$10 per child/\$20 per family will be included in your first payment. Registration fees are not refundable.\*

- **Monthly assessments** will be posted as an After School charge to your **FACTS Tuition Account** based upon the schedule you provide above. You will see those charges on your Facts account as you would normally see your tuition. **The fees fall under Incidental Charges and you must sign up for auto pay in FACTS to use the After School Program.** Late charges may be applicable. Family tuition accounts must be in good standing for children to attend the After School Program. Your signature on the next page indicates your understanding of payment policy and After School Program rules.

*Please READ CAREFULLY and initial and sign where indicated*

**Please initial regarding SPORTS**

If your child will be participating in fall or spring sports you will be charged the After School Program fee for those days if your child is registered for those days. \*Our staffing pattern is committed at the beginning of the school year based on the number of children enrolled for each day. We staff according to the parent-provided schedule-if soccer is canceled on a given day, your child may attend After School as scheduled.

**Please initial regarding HOMEWORK GUIDANCE**

The staff of the After School Program will make every effort to offer your child guidance with their homework. The staff is not responsible for unfinished or incorrect work. It is strongly advised that you continue to discuss and review your child's homework.

**Please initial regarding LATE FEES**

If your child is not picked up by your scheduled pick up time please be advised late charges of \$25 may apply. After the 3<sup>rd</sup> occurrence of lateness, at the discretion of the program coordinator, your child may be dismissed from the program.

       **Please initial regarding SIGN OUT PROCEDURES**

Your child must be signed out at the site each day. Your child may only be picked up by a parent or guardian; any other persons authorized for pick up must show identification and be listed on the enrollment card on file.

       **Please initial regarding ABSENCES**

If your child will be absent from the After School Program please contact the office by note or phone. Absent days cannot be credited or made up. Space is reserved for each participant and the staff is scheduled and paid based on a specific number of children each day. If your child is absent or sent home from school he/she may not attend the After School Program for that day.

       **Please initial regarding HOLIDAYS/SNOW DAYS**

The After School Program is closed on school holidays and snow days. A schedule of holidays is given out each school year. You will not pay for holidays or snow days. Monthly charges will reflect days scheduled, not holidays; and in the event of a snow day you will be given a credit the following month.

       **Please initial regarding SNACKS**

Please pack your child a snack for after care. On Early Dismissal days, if your child is attending the After School Program, please pack your child a lunch as well as a snack. Please alert the program coordinator to **food allergies** verbally, as well as noting it on the enrollment card. The school will not provide snacks so please pack your child a snack for after care and label it in his/her lunchbox so your child knows it is for aftercare.

**Agreement**

*I understand that after school care and homework guidance will be provided for my child only as long as I fulfill each of the above requirements. I also understand that I will be responsible for **prompt payment** of fees via auto pay in FACTS. I have read these requirements and agree to uphold them.*

\_\_\_\_\_  
Primary Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Guardian

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

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_

***\*Changes to your schedule must be made in writing by resubmitting this form, two weeks ahead of the change, so we can arrange for staffing.***

After  
School

Sacred Heart Schools  
251/329 Bishops Highway, Kingston, MA 02364



**EMERGENCY / CRISIS CONTACT INFORMATION 2025-2026**

**Please Print**

Child's Name:	Grade:	DOB:
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Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

**Where Parents Can Be Reached -**

**Mother:** Last Name, First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*If Different*

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

**Father:** Last Name, First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*If Different*

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

**AUTHORIZED PERSONS WHO CAN ASSUME RESPONSIBILITY OR PICK UP FROM SCHOOL OR  
IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED:**

**1-Last Name, First Name:** \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**2-Last Name, First Name:** \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



**EMERGENCY / CRISIS CONTACT INFORMATION 2025-2026**

*In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.*

**Signature of Parent/Guardian:**

**Local Physician's Name:**

**Address:**

**Office Telephone:**

**Date:**

**Allergies/Special Concerns:**