



**SACRED HEART
OF JESUS** | PARISH &
SCHOOL

Sacred Heart School Extended Care Program

Hours: 7:00 a.m.- 8:30 a.m.

3:30 p.m.- 6:00 p.m.

Daily rates: Morning Care- \$12 per child/\$18 per family (includes light breakfast)

After Care- \$22 per child/\$37 per family (includes snack and homework help)

Registration fee- \$40 per child/ \$65 per family

Where: Sacred Heart of Jesus School cafeteria

We hope to provide parents with an alternative for before and/or after school care for their children. The morning program is designed to give students quiet time before school, in a familiar and comfortable environment. They will have a snack and be able to read books, play games, do puzzles, or crafts. This is a wonderful opportunity for them to ease into their day.

The after school program is structured to give students the opportunity to complete their homework, as well as time to relax and play outside and in the gym. They will also be able to play board games, do crafts, and other organized activities. A snack will also be served.

**Contact Mrs. Lisa Kelley, Program Director, at (330) 334- 6272 Ext. 1122
or LiKelley@edu.shswadsworth.org for more information or questions.**

Sacred Heart Extended Care Registration Form

Child(ren)'s name(s): _____

Parents' Names: _____

Address: _____

Phone: # _____

E-mail (all bills will be sent via e-mail) _____

Parent's Signature: _____

**Please return this form with your \$40 registration fee (\$65 per family) before the first day of school.
Registration forms can be mailed or dropped off in the school office.**

Sacred Heart Extended Care Program

Weekly Attendance Form

Please complete the form below and return it with your registration form.

To help us in preparing for the appropriate number of staffing each day please indicate the days that you think you may be using the program. You do not have to come these days, but it will help with making the schedule for the teachers. Thank you for your help!

Child's name _____	Grade _____
Child's name _____	Grade _____
Child's name _____	Grade _____
Child's name _____	Grade _____
Child's name _____	Grade _____

Please circle days that you expect your child(ren) to attend.

Morning

Monday Tuesday Wednesday Thursday Friday

After School

Monday Tuesday Wednesday Thursday Friday

Homework Preference

_____ I do want my child(ren) to do homework at this time.

_____ I do not want my child(ren) to do homework at this time.

Please mark any comments on attendance or homework.

Parent/Guardian Signature

Date

Sacred Heart Extended Care Program

Daily Authorization Form

Please list the names of persons who will be picking up your child(ren) from the Extended Care Program. This list **MUST INCLUDE** the names of the parents and/or guardians of the registered children. If at any time you need to change or add names, please contact Mrs. Lisa Kelley the Program Director. ****If the list is the same as the one already on file you do not need to fill it out again.****

Unless a handwritten note is received by the Extended Care staff, only the persons listed below will be permitted to pick up your child(ren) from the Extended Care Program. Thank you for your help with this!

Name _____ Phone _____

Relationship to child(ren) _____

Name _____ Phone _____

Relationship to child(ren) _____

Name _____ Phone _____

Relationship to child(ren) _____

Name _____ Phone _____

Relationship to child(ren) _____

Name _____ Phone _____

Relationship to child(ren) _____

Child(ren)'s name(s) 1. _____

2. _____

3. _____

4. _____

Parent/Guardian Signature

Date