



After School Program News

To help parents plan for the year ahead the following is an outline of the early dismissal days and no-school days during which SFCS AFTER SCHOOL PROGRAM will be in operation. Each quarter parents will be given an opportunity to sign up their children for the extra dates. Prepayment will be expected of \$15 per child for each early dismissal date and \$25 per child for each no-school date.

EARLY DISMISSAL DAYS: AFTER SCHOOL PROGRAM will be held at each individual school site from the time of dismissal until 6pm. The following dates are planned for 2017-2018 school year.

- Wednesday, November 22
- Friday, December 22
- Friday, February 2
- Thursday, March 29

NO SCHOOL DAYS: AFTER SCHOOL PROGRAM will be held at the Holy Spirit site from 7:00am until 6pm. The following dates are planned for 2017-2018 school year.

- Wednesday, October 25
- Thursday, October 26
- Friday, October 27
- Tuesday, December 26
- Wednesday, December 27
- Thursday, December 28
- Friday, December 29
- Tuesday, January 2
- Wednesday, January 3
- Monday, January 15
- Thursday, February 15
- Friday, February 16
- Monday, February 19
- Thursday, March 15
- Friday, March 16
- Friday, March 30
- Monday, April 2



No School Days/Early Dismissal Days Contract for 2017 - 2018

Deadline: October 3rd

Family: _____ School: _____
Names of children: _____

SFCS After School Program will provide childcare on no school days from 7:00am until 6:00pm for:

(Check those for which you are registering)

- ___ Wednesday, October 25 @ Holy Spirit site
- ___ Thursday, October 26 @ Holy Spirit site
- ___ Friday, October 27 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for the total amount. Sign and Date the form. Return fee and form to your After School Coordinator by **October 3rd**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2017 - 2018

Deadline: November 10th

Family: _____ School: _____

Names of children: _____

SFCS After School Program will provide childcare on early dismissal days from time of dismissal until 6pm at your after school site: **(Check those for which you are registering)**

_____ Wednesday, November 22

Total number of children _____ X Total number of days needed _____ X \$15.00 per early dismissal day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your After School Coordinator by **November 10th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date



No School Days/Early Dismissal Days Contract for 2017 - 2018
Deadline: November 29th

Family: _____ School: _____

Names of children: _____

1.) SFCS After School Program will provide childcare on early dismissal days from time of dismissal until 6pm at your after school site: (Check those for which you are registering)

___ Friday, December 22nd

Total number of children ___ X Total number of days needed ___ X \$15.00 per early dismissal day fee = TOTAL \$ _____

2.) SFCS After School Program will provide childcare on no school days from 7:00am until 6:00pm for:

(Check those for which you are registering)

___ Tuesday, December 26 @ Holy Spirit site

___ Wednesday, December 27 @ Holy Spirit site

___ Thursday, December 28 @ Holy Spirit site

___ Friday, December 29 @ Holy Spirit site

___ Tuesday, January 2 @ Holy Spirit site

___ Wednesday, January 3 @ Holy Spirit site

Total number of children ___ X Total number of days needed ___ X \$25.00 per no school day fee = TOTAL \$ _____

Make checks payable to SFCS for this amount. Return fee and form to your After School Coordinator by November 29th .

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

[]

I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. If you have questions, please call the Business Office at 575-3367.

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2017 - 2018

Deadline: January 4th

Family: _____ School: _____

Names of children: _____

SFCS After School Program will provide childcare on no school days from 7:00am until 6:00pm for: **(Check those for which you are registering)**

___ Monday, January 15 @ Holy Spirit Site

Total number of children ___ X Total number of days needed ___ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your After School Coordinator by **January 4th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2017 - 2018

Deadline: January 26th

Family: _____ School: _____

Names of children: _____

1.) SFCS After School Program will provide childcare on early dismissal days from time of dismissal until 6pm at your after school site: (Check those for which you are registering)

___ Friday, February 2

Total number of children ___ X Total number of days needed ___ X \$15.00 per early dismissal day fee = TOTAL \$ _____

2.) SFCS After School Program will provide childcare on no school days from 7:00am until 6:00pm for: (Check those for which you are registering)

___ Thursday, February 15 @ Holy Spirit site

___ Friday, February 16 @ Holy Spirit site

___ Monday, February 19 @ Holy Spirit site

Total number of children ___ X Total number of days needed ___ X \$25.00 per no school day fee = TOTAL \$ _____

Make checks payable to SFCS for this amount. Return fee and form to your After School Coordinator by January 26th.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. If you have questions, please call the Business Office at 575-3367.

Parent Signature _____

Date _____

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2017 - 2018

Deadline: February 23rd

Family: _____ School: _____

Names of children: _____

SFCS After School Program will provide childcare on no school days from 7:00a.m. until 6:00pm for: **(Check those for which you are registering)**

____ Thursday, March 15 @ Holy Spirit site

____ Friday, March 16 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to SFCS** for this amount. Return fee and form to your After School Coordinator by **February 23rd**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2017 - 2018

Deadline: March 9th

Family: _____ School: _____

Names of children: _____

1.) SFCS After School Program will provide childcare on early dismissal days from time of dismissal until 6pm at your STRETCH Club site: (Check those for which you are registering)

___ Thursday, March 29

Total number of children ___ X Total number of days needed ___ X \$15.00 per early dismissal day fee = TOTAL \$ _____

2.) SFCS After School Program will provide childcare on no school days from 7:00am until 6:00pm for:

(Check those for which you are registering)

___ Friday, March 30 @ Holy Spirit site

___ Monday, April 2 @ Holy Spirit site

Total number of children ___ X Total number of days needed ___ X \$25.00 per no school day fee = TOTAL \$ _____

Make checks payable to SFCS for this amount. Return fee and form to your After School Coordinator by March 9th.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. If you have questions, please call the Business Office at 575-3367.

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.