



SACRED HEART SCHOOL

59 WILSON STREET, HARTSDALE, NEW YORK 10530

TEL. (914) 946-7242 / FAX (914) 946-7323

WWW.SHSHARTSDALE.ORG

Mr. Christopher Siegfried
Principal

Rev. Michael Moon
Pastor

AFTER SCHOOL PROGRAM INFORMATION SHEET

Dear Parents,

The Sacred Heart After School Program will reopen on Monday of the first FULL WEEK in September. (Please check Pre-K and K phase-in for start dates.) We will charge \$5.00 per hour (or any part of the hour) for each student enrolled in the program. For students who are not picked up at program closing time, there will be a charge of \$10 per TEN minutes, or any part thereof, per student, payable upon pick up.

Payment must be placed in an envelope and must contain the following information: Names(s) of student(s), date of attendance, and amount enclosed. We need 100% cooperation to keep bookkeeping time and costs to a minimum. If you are paying by check, please make check payable to **Sacred Heart School**.

A snack is served at the beginning of the session – juice and cookies, jello, ice cream, or pretzels are typical. Children are encouraged to bring play clothes for the program.

If your child is young, you might want to leave an extra change of clothing.

PLEASE NOTE: The After School Program will meet until 6:00 p.m. on normal school days and until 3 p.m. on days when there is an 11:30 dismissal. The After School Program will not meet on the days preceding some holidays. Please check calendar for dates.

Mrs. DePiro
Program Coordinator
pdepiro@shshartsdale.org



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AFTER SCHOOL PROGRAM SIGN-UP SHEET

Name of Student _____ Grade _____

Days Planning to Attend (circle all that apply)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Parent's Home Phone Number _____

Parent's Emergency Phone Number _____

Emergency Contact (name): _____

Emergency Contact Telephone Number _____

Has this person been notified that he/she is an emergency contact?

Yes _____ No _____

Person(s) designated for pickup:

(A note will be required in order to release your child to anyone else.)

Please identify any **food allergies**:

Please identify any **medical problems or limitations**:
