



# 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 Wednesday, September 5, 2018, for students in grades 1 - 8** (Pre-K and Kindergarten will begin on Monday, September 10, 2018.). We will charge \$7.00 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, cookies, pretzels, etc., 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](mailto: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**:

\_\_\_\_\_