



**SACRED HEART GRADE SCHOOL  
APPLICATION FOR AFTERSCHOOL CARE  
2025-2026 SCHOOL YEAR  
Deadline: June 3, 2025**

<b>Office Use Only</b> Date Received _____ Amount \$ _____ Cash / Check
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**Application Instructions:**

1. Complete all sections of this form.
2. Complete attached Emergency Card.
- 3. Attach a \$20.00 application fee.**
4. Return to school office.

<b>HOURS OF OPERATION:</b> 2:30 p.m. – 5:30 p.m. <b>Monday – Friday</b> <b>(when school is in session, full day)</b> FEE: \$70.00/week billed monthly <b>AFTER 5:30 LATE FEE: \$25/per incident, billed monthly</b>
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<b>STUDENT INFORMATION (Please print clearly)</b>  NAME: Last: _____ First: _____ Nickname: _____  Date of Birth: _____ Gender: ___M___F <b>2025-2026</b> Grade level: _____  <i>I understand that I must give one week written notice if my child(ren) will no longer attend the SHGS ASC program or be absent a week or more in order to not be invoiced for services.</i>	<b>Effective Date:</b> _____
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<b>PARENT INFORMATION (Please print clearly)</b>  Child's Father Name: Last: _____ First: _____ Title: _____  Street: _____ City: _____ Zip: _____  Mobile Phone: _____ Work Phone: _____  Child's Mother Name: Last: _____ First: _____ Title: _____  Street: _____ City: _____ Zip: _____  Mobile Phone: _____ Work Phone: _____
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<b>BILLING INFORMATION (Please print clearly)</b>  After School Care fees will be paid by, and billed to, the following: (Please note that we do not accept 3 <sup>rd</sup> party payments such as CONNECT.)  Name _____  Address: _____ _____  Email: _____
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<b>List any special dietary needs or food/medicine allergies your child may have</b>  _____
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I grant permission for my child to participate in field trips, water activities or other special events planned by SHASC.

\_\_\_\_\_  
Parent signature granting permission

\_\_\_\_\_  
Parent signature denying permission

I grant permission for the SHASC to take photographs or make audio and/or video recordings of my child as related to the program and post PRIVATE SHASC Facebook page.

\_\_\_\_\_  
Parent signature granting permission

\_\_\_\_\_  
Parent signature denying permission

The following person(s) have permission to take my child from the SHASC. I understand I **must send a note that day**, and may not call the center, granting permission for someone other than the parent or guardian to pick up my child. **PLEASE NOTE: A picture ID is also required (e.g. Driver's License)**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, WV Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, WV Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, WV Zip \_\_\_\_\_

Relationship \_\_\_\_\_

**I understand that all fees will be charged at a weekly rate and billed monthly through the Parish Business Office. I understand that I must give one week written notice if my child(ren) will no longer attend the SHGS ASC program or be absent a week or more in order to not be invoiced for services. I understand that if I am more than one month delinquent in payment that my child(ren) will be removed from the program.**

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*