

### T. H. ROGERS SCHOOL AFTER CARE PROGRAM REGISTRATION PACKET Spring 2023

PACKETS ARE AVAILABLE ON THE SCHOOL WEBSITE www.houstonisd.org/rogersms

FOR QUESTIONS, PLEASE CONTACT JOHN DIXON

jdixon@houstonisd.org PHONE: (713) 917-3565

| PROGRAM DETAILS   | REGISTRATION<br>DEADLINES | PROGRAM<br>START DATES |
|---|---------------------------|------------------------|
| After Care Program<br>Monday-Friday; 3:15-6:00 PM                   | December 8th              | January 9th            |
| After School Enrichment Program<br>Monday & Thursday; 3:25-4:25 PM  | January 18th              | January 26th           |
| Chess After School Program Tuesday, Wednesday, Friday; 3:30-4:30 PM | January 11th              | January 17th           |

### **NOTE TO PARENTS**

Total tuition costs for the After Care Program vary due to the number of HISD school days in each semester. There are 92 school days in the Spring semester. The daily rate is \$12 per day for the full-time program and \$8 per day for part-time program. The part-time program is designed for students who participate in other T.H. Rogers enrichment programs, after-school tutoring, or school sports teams up to three (3) days per week. The full-time program offers after school care for students who need uninterrupted supervision from 3:15-6:00 p.m. daily.

#### **INSTALLMENT PLAN PAYMENT OPTIONS AND DUE DATES**

Program tuition may be paid in full at the time of registration via School Pay or throughout the semester through a scheduled payment plan via School Pay. A convenience fee will be applied for each payment. School Pay is located on the school website.

| located of the school website.   |  |  |  |
|--|--|--|--|
| Full-Time After Care Installment Plan  | Part-Time After Care Installment Plan                          |  |  |
| Total Program Cost: \$1104.00  | *Total Program Cost: \$736.00                                  |  |  |
| ☐ 1 <sup>st</sup> Payment: 25% due at registration (\$276.00)                                  | ☐ 1 <sup>st</sup> Payment: 25% due at registration (\$184.00)  |  |  |
| □ 2 <sup>nd</sup> Payment: February 8 <sup>th</sup> (\$276.00)                                 | ☐ 2 <sup>nd</sup> Payment: February 8 <sup>th</sup> (\$184.00) |  |  |
| □ 3 <sup>rd</sup> Payment: March 8 <sup>th</sup> (\$276.00)                                    | □ 3 <sup>rd</sup> Payment: March 8t <sup>h</sup> (\$184.00)    |  |  |
| □ 4 <sup>th</sup> Payment: April 6 <sup>th</sup> (\$276.00)                                    | ☐ 4 <sup>th</sup> Payment: April 6 <sup>th</sup> (\$184.00)    |  |  |
| OUTSTANDING BALANCES   |  |  |  |
| Outstanding balances from previous semesters must be cleared before registration is processed. |  |  |  |

\*Payment allows for full-time care January 9th - January 25th



# T. H. Rogers School After Care Program Student Information Form

| Student's Last Name, First Name   | Grade      |              | Date of Birth (mm/dd/yyyy) | Gender      |
|---|------------|--------------|----------------------------|-------------|
| Parent/Guardian's Name  | Cell Phone |              | Home Number                | Work Number |
| Parent/Guardian's Name  | Cell Phone |              | Home Number                | Work Number |
| E-mail Address (Required)   | E-mail Add |              | ress                       |             |
| Authorized Pick Up  | Authorized |              | l Pick Up                  |             |
| List any known medical conditions, medication and/or special attention your child requires: |            |              |                            |             |
| Allergies   |            |              |                            |             |
| Pediatrician's Name   |            | Phone Number |                            |             |
| Emergency Contact Name  |            | Cell Phone   |                            | Work Number |
| I,  |            |              |                            |             |
| Signature of Parent/Guardian  |            |              |                            | Date        |
| Print Name of Parent/Guardian   |            |              |                            |             |
|   |            |              |                            |             |

## T. H. Rogers School After Care Program Options Spring 2023

| Ctudent's Name (Lest Name First Name)  | Crada   |
|--|---|
| Student's Name (Last Name, First Name)   | Grade   |
|  |   |
|  |   |
| After Care Program Options Spring 2022  Total tuition costs for the After Care Program vary due to the number of Filter are 92 school days in the Spring semester. The daily rate is \$12 p \$8 per day for part-time program. The part-time program is designed fo T.H. Rogers enrichment programs, after-school tutoring, or school spoweek. The full-time program offers after school care for students who not 3:15-6:00 p.m. daily. | er day for the full-time program and r students who participate in other rts teams up to three (3) days per |
| Cost:  | \$1104.00 per semester  |
| □ Full-Time After Care - Monday through Friday, 3:15-6:00 PM   | •   |
|  | (Rate: \$12 per day)  |
| PAYMENTS CAN ONLY BE MADE VIA SCHOOL PAY, A CONVENIEN ALL PAYMENTS, PLEASE PLACE THE RECEIPT NUMBER ON THE E   |   |
| □ Part-Time After Care - Monday through Friday, 4:30-6:00 PM C<br>2 full days (3:15-6:00 PM) and 3 half days (4:30-6:00 PM)  | cost: \$ 736.00 per semester<br>(Rate \$8 per-day)  |
| Indicate full day (F) and half day (H) in the spaces providedM   | •   |
| Please list the other program in which your child will participate on the de  1)  2)  3)   | signated half days:   |

| PAYMENT WORKSHEET              |                |           |  |  |
|--------------------------------|----------------|-----------|--|--|
| (Please complete this portion) |                |           |  |  |
| □Full-time After Care Program  |                | \$1104.00 |  |  |
| □Part-time After-Care Program  |                | \$736.00  |  |  |
|                                |                |           |  |  |
|                                | SEMESTER TOTAL | \$        |  |  |
|                                |                |           |  |  |
|                                | AMOUNT PAID    | \$        |  |  |
| School Pay Receipt #           |                |           |  |  |

## T. H. Rogers School After Care Program Guidelines and Expectations

**REGISTRATION.** Registration in the T.H. Rogers After Care Program is done so on a semester basis. No refunds or credits will be issued. Program fees are non-refundable and non-transferable and no makeups will be scheduled for inclement weather or unforeseen circumstances.

**SCHOOL CANCELLATIONS**. In the event HISD cancels all after-school activities due to inclement weather or other circumstances, there will be no After Care that day. Students will need to be picked up by 3:00 pm. Refunds nor tuition adjustments are issued under these circumstances.

**LATE FEES**. Late fees will be charged in the amount of \$1.00 per minute for students who are not picked up by 6:00 PM.

<u>DISMISSAL/PICK UP</u>. Parents must sign a pick-up log when picking up students from the Program. Students will only be released to the authorized persons who are listed on the Emergency Contacts and Pick-Up Authorization form.

<u>PAYMENT PLANS</u>. Payments can only be made via the school website using School Pay. A Receipt number is required on the payment form to complete registration. Failure to remit tuition payments can and may result in a student's removal from T.H. Rogers School After Care Program.

**<u>OUTSTANDING BALANCES</u>**. Registration will not be processed from anyone who has an outstanding balance from the previous semester or school year.

**STUDENT BEHAVIOR**. The T. H. Rogers School After Care Program adheres to the HISD Code of Student Conduct to ensure the safety and well-being of all students. Repeated violations of the Code of Student Conduct can and may result in a student's removal from the Program. Parent/guardian is responsible for informing their child of these guidelines.

**ELECTRONIC DEVICES**. Electronic and/or media devices used to photograph, film, or record children are prohibited in the after school program.

My signature indicates that I have read, understand, and agree to adhere to the guidelines and expectations of the T.H. Rogers After Care Program.

| Parent's Name      | _(Please Print) | Date:  |
|--------------------|-----------------|--------|
| Parent's Signature | (Signature)     | Date:  |
| Student's Name     |                 | Grade: |

PLEASE RETURN FORMS TO FRONT OFFICE OR EMAIL TO <a href="mailto:jdixon@houstonisd.org">JDIXON@houstonisd.org</a>