PROGRAM DETAILS | REGISTRATION DEADLINES | PROGRAM START DATES
--- | --- | ---
**After Care Program**
Monday-Friday; 3:15-6:00 PM | August 26th | August 22nd
**After School Enrichment Program**
Monday & Thursday; 3:30-4:30 PM | September 7th | September 12th
**Chess After School Program**
Tuesday, Wednesday, Friday; 3:30-4:30 PM | August 31st | September 6th

**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 80 school days in the Fall 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.

**Full-Time After Care Installment Plan**
Total Program Cost: $960.00
- 1st Payment: 25% due at registration ($240.00)
- 2nd Payment: September 28th ($240.00)
- 3rd Payment: October 28th ($240.00)
- 4th Payment: November 28th ($240.00)

**Part-Time After Care Installment Plan**
*Total Program Cost: $640.00
- 1st Payment: 25% due at registration ($160.00)
- 2nd Payment: September 28th ($160.00)
- 3rd Payment: October 28th ($160.00)
- 4th Payment: November 28th ($160.00)

**OUTSTANDING BALANCES**
Outstanding balances from previous semesters must be cleared before registration is processed.
*Payment allows for full-time care August 22nd – September 6th and/or 12th
# T. H. Rogers School After Care Program

## Student Information Form

<table>
<thead>
<tr>
<th>Student’s Last Name, First Name</th>
<th>Grade</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Gender</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian’s Name</th>
<th>Cell Phone</th>
<th>Home Number</th>
<th>Work Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian’s Name</td>
<td>Cell Phone</td>
<td>Home Number</td>
<td>Work Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail Address (Required)</th>
<th>E-mail Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Authorized Pick Up</th>
<th>Authorized Pick Up</th>
</tr>
</thead>
</table>

List any known medical conditions, medication and/or special attention your child requires:

<table>
<thead>
<tr>
<th>Allergies</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pediatrician’s Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Cell Phone</th>
<th>Work Number</th>
</tr>
</thead>
</table>

I, ________________________, parent/guardian of ________________________, hereby verify that all information provided above is current and correct to the best of my knowledge. I further hold harmless the T.H. Rogers School After Care Program, from any and all liabilities and such personal injuries as may result directly or indirectly from any activities conducted under the supervision and direction of the program. I give my permission for my child to receive emergency medical treatment if needed. The program will not be held financially responsible for transportation or medical services. My signature indicates my agreement with these terms and conditions throughout my child’s enrollment in the T.H. Rogers After Care Program.

Signature of Parent/Guardian ________________________________ Date __________

Print Name of Parent/Guardian

________________________________________________________________________
T. H. Rogers School After Care Program Options  
Fall 2022

<table>
<thead>
<tr>
<th>Student’s Name (Last Name, First Name)</th>
<th>Grade</th>
</tr>
</thead>
</table>

### After Care Program Options  
Fall 2022

Total tuition costs for the After Care Program vary due to the number of HISD school days in each semester. There are 80 school days in the Fall 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.

- **Full-Time After Care - Monday through Friday, 3:15-6:00 PM**  
  Cost: $960.00 per semester  
  (Rate: $12 per day)

  PAYMENTS CAN ONLY BE MADE VIA SCHOOL PAY, A CONVENIENCE FEE WILL APPLY ON ALL PAYMENTS, PLEASE PLACE THE RECEIPT NUMBER ON THE BOTTOM OF THIS PAGE

- **Part-Time After Care - Monday through Friday, 4:30-6:00 PM**  
  Cost: $640.00 per semester  
  (Rate $8 per-day)

  2 full days (3:15-6:00 PM) and 3 half days (4:30-6:00 PM)  
  Indicate full day (F) and half day (H) in the spaces provided:  
  ___M  ___T  ___W  ___Th  ___F

Please list the other program in which your child will participate on the designated half days:

1) ________________________________
2) ________________________________
3) ________________________________

### PAYMENT WORKSHEET  
(Please complete this portion)

- Full-time After Care Program  
  $960.00
- Part-time After-Care Program  
  $640.00

<table>
<thead>
<tr>
<th>Semester Total</th>
<th>$__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Paid</td>
<td>$__________</td>
</tr>
</tbody>
</table>

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 on a semester basis. No refunds or credits will be issued. Program fees are non-refundable and non-transferable and no make-ups 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 3:15 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. Continuous late pick up can result in removing your child from the ACP and no refund.

**DISMISSAL/PICK UP.** 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.

**PAYMENT PLANS.** 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.

**OUTSTANDING BALANCES.** 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 and no refund. 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 JDIXON@HOUSTONISD.ORG