



NO AFTER CARE JUNE 5TH

T. H. ROGERS SCHOOL AFTER CARE PROGRAM REGISTRATION PACKET SPRING 2024

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 DEADLINES

PROGRAM START DATES

After Care Program

Monday-Friday; 3:15-6:00 PM

December 15th

January 8th

After School Enrichment Program

Monday & Thursday; 3:30-4:30 PM

January 17th

January 29th

Chess After School Program

Tuesday, Wednesday, Friday; 3:30-4:30 PM

January 9th

January 16th

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 96 school days in the semester. The daily rate is \$12 per day for the full-time program and \$8 per day for the 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 on the school website.

Full-Time After Care Installment Plan

Total Program Cost: \$1,152.00

- ☐ 1st Payment: 25% due at registration (\$288.00)
- ☐ 2nd Payment: February 5th (\$288.00)
- ☐ 3rd Payment: March 5th (\$288.00)
- ☐ 4th Payment: April 5th (\$288.00)

Part-Time After Care Installment Plan

***Total Program Cost: \$768.00**

- ☐ 1st Payment: 25% due at registration (\$768.00)
- ☐ 2nd Payment: February 5th (\$768.00)
- ☐ 3rd Payment: March 5th (\$768.00)
- ☐ 4th Payment: April 5th (\$768.00)

OUTSTANDING BALANCES

Outstanding balances from previous school year must be cleared before registration is processed.
*Payment allows for full-time care January 8th - January 25th

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T. H. Rogers School After Care Program Options Spring 2024

| | |
|--|-------|
| Student's Name (Last Name, First Name) | Grade |
|--|-------|

After Care Program Options Spring 2024

Total tuition costs for the After Care Program vary due to the number of HISD school days in each semester. There are 96 school days in the semester. The daily rate is \$12 per day for the full-time program and \$8 per day for the 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.

Cost: \$1,152.00 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 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: \$ 768.00 per semester**
2 full days (3:15-6:00 PM) and 3 half days (4:30-6:00 PM) **(Rate \$8 per-day)**

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 \$1,152.00

☐ Part-time After-Care Program \$768.00

SEMESTER TOTAL \$ _____

AMOUNT PAID \$ _____

School Pay Receipt # _____

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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 Address | |
| Authorized Pick Up | | Authorized 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 |
| <p>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.</p> <p>Signature of Parent/Guardian _____ Date _____</p> <p>Print Name of Parent/Guardian _____</p> | | | |

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 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.

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

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