

T. H. Rogers

After Care Program Spring 2017 Returning Student Registration Packet

Registration Deadline December 16, 2016

| Program details | Registration Deadlines | Program Start Dates |
|---|---------------------------|--------------------------|
| After Care Program Monday – Friday 3:30-6:00pm | December 16 th | January 4 th |
| After School Enrichment Program Monday & Thursday; 3:30-4:30pm | January 12 th | January 23 rd |
| Chess After School Program Tuesday, Wednesday, Friday; 3:30-4:30pm | January 6 th | January 10 th |

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 LAST DAY OF AFTER CARE IS WEDNESDAY May 24th. 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 3:30-6:00 p.m. daily.

Full-Time After Care Installment Plan Total Program Cost: \$1,104

- 1st payment: 25% due at registration (\$276.00)
- 2nd Payment: February 6th (\$276.00)
- 3rd Payment: march 6th (\$276.00)
- 4th Payment: April 6th (\$276.00)

*Part-Time After Care Installment Plan Total Program Cost: \$736.00

- 1st payment: 25% due at registration (\$184.00)
- 2nd Payment: February 6th (\$184.00)
- 3rd Payment: march 6th (\$184.00)
- 4th Payment: April 6th (\$184.00)

Outstanding Balances

Outstanding balances from previous semesters must be cleared before registration is processed.

*Payment allows for full-time care January 4th – January 20th

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

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|---|---|
| <input type="checkbox"/> Full-Time After Care Monday through Friday; 3:30-6:00pm | Cost: \$1,104 per semester Rate: \$12.00 per day |
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|---|---|
| <input type="checkbox"/> Part- time After Care Monday through Friday, 4;30-6:00pm 2 full days (3:30-6:00pm) and 3 half days (4:30 – 6:00pm) Indicate full day (F) and half day (H) in the spaces provided ___M ___T ___W ___Th ___F | Cost: \$736.00 per semester Rate: \$8.00 per day |
|---|---|

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) | |
| <input type="checkbox"/> Full-time After Care Program | \$1,104.00 |
| <input type="checkbox"/> Part-time After Care Program | \$736.00 |
| Semester Total \$ _____ | |
| Amount Paid \$ _____ | |
| Check/Money order/Cashier's check # _____ | |

| | |
|---|--|
| All registration information is the same as last semester | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent (guardian) Name: _____ | |
| Signature: _____ | |