



**T. H. ROGERS SCHOOL
AFTER CARE PROGRAM
REGISTRATION PACKET
Spring 2017**

**PACKETS ARE AVAILABLE IN THE MAIN
OFFICE AND ON OUR WEBSITE
www.houstonisd.org/rogersms**

**FOR QUESTIONS, PLEASE CONTACT
JOHN DIXON
jdixon@houstonisd.org**

**MARIA HERNANDEZ
mherna16@houstonisd.org**

PHONE: (713) 917-3565

PROGRAM DETAILS

**REGISTRATION
DEADLINES**

**PROGRAM
START DATES**

After Care Program

Monday-Friday; 3:30-6:00 PM

December 16th

January 4th

After School Enrichment Program

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

January 12th

January 23rd

Chess After School Program

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

January 6th

January 10th

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.

INSTALLMENT PLAN PAYMENT OPTIONS AND DUE DATES

Program tuition may be paid in full at the time of registration or throughout the semester through a scheduled payment plan. Installment payments may be made before the scheduled date, but not after. All payments must be made by check, money order, or cashier's check, payable to T.H. Rogers School.

Full-Time After Care Installment Plan

Total Program Cost: \$1,104.00

- 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 to January 20th



T. H. Rogers School After Care Program Spring 2017

Dear T.H. Rogers Parent(s)/Guardian(s):

The T. H. Rogers After Care Program welcomes you to the 2016 – 2017 school year! Thank you for your interest in our program as we strive to provide a safe and engaging environment for your child(ren) after school hours. Our goal is to provide a smooth registration process, followed by student-friendly care on a daily basis.

The following documents are included in this program packet:

T.H. Rogers After Care Program Overview;
Student Information Form;
Emergency Contact & Pick-Up Authorization Form;
T.H. Rogers After Care Program Options; and
Program Guidelines & Expectations.

Please ensure required pages are completed with the most current information. If any contact information changes during the school year, parents are asked to provide updates to these forms immediately. The following are a few important reminders, which you will find stated in full throughout the registration packet.

- Student registration will be processed within 48 hours of the date received.
- Registration will not be processed if the student has an outstanding balance from the previous semester or school year. Failure to remit payments as scheduled can and may result in your child's removal from the program.
- Tuition and late fees are to be submitted by check, money order, or cashier's check made payable to T. H. Rogers School. Cash and personal checks are not accepted.
- Parents may choose an installment payment plan, which includes four (4) equal payments in the amount of \$276.00 for the full-time program or \$184.00 for the part-time program by the following dates: at registration, February 6th, March 6th and April 6th. Payments may be made prior to the scheduled due dates, but not after that time.

Again, thank you for your continued support and please feel free to contact us if we can assist you in any way. We look forward to a safe and fun-filled school year!

Best regards,

Dave Muzyka
Principal



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
Street Address		City	Zip Code
E-mail Address (Required)		Alternate E-mail Address	
Parent's Employer		Job Title	
List any known medical conditions, medication and/or special attention your child requires:			
Allergies			
Pediatrician's Name		Phone Number	
Street Address (no P.O. box)		City	Zip Code

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 _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION FORM

PLEASE NOTE: This contact information applies only to the T.H. Rogers After Care Program. Emergency contacts and authorized pick-up information must be provided on school enrollment documents in the main office to apply during normal school hours.

Student's Name (Last Name, First Name)

Emergency Contact's Name		Relationship	
Address		City	Zip Code
Home Phone	Work Phone	Cell Phone	
E-mail Address			
Please check box(es) applicable to this contact person			
<input type="checkbox"/> Lives with student			
<input type="checkbox"/> Emergency contact			
<input type="checkbox"/> Has permission to pick-up student			

Emergency Contact's Name		Relationship	
Address		City	Zip Code
Home Phone	Work Phone	Cell Phone	
E-mail Address			
Please check box(es) applicable to this contact person			
<input type="checkbox"/> Lives with student			
<input type="checkbox"/> Emergency contact			
<input type="checkbox"/> Has permission to pick-up student			

T. H. Rogers School After Care Program Options Spring 2017

Student's Name (Last Name, First Name)	Grade
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After Care Program Options Spring 2017

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 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 3:30-6:00 p.m. daily.

Cost: \$1,104 per semester

Full-Time After Care - Monday through Friday, 3:30-6:00 PM

(Rate: \$12 per day)

Part-Time After Care - Monday through Friday, 4:30-6:00 PM **Cost: \$ 736.00 per semester**
2 full days (3:30-6:00 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)

<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 # _____ Received by: _____

