



St. Martha Catholic School
2411 Oak Shores Drive
Kingwood, Texas 77339
281-358-5523

Before and After School Program (BASP)
Registration and Medical Form
2016-2017 School Year

Student's Name _____ Grade _____
 (Last name) (First name)
 Student's Name _____ Grade _____
 (Last name) (First name)
 Student's Name _____ Grade _____
 (Last name) (First name)

Father _____ Home Tel. _____ Cell _____
 Employer _____ Business Tel. _____ Email _____
Mother _____ Home Tel. _____ Cell _____
 Employer _____ Business Tel. _____ Email _____

Morning Program: 7:00 - 7:30 a.m. on a "drop-in" basis.

Please indicate your choice of program for the afternoon:

Five (5) day/week Afternoon Program Three (3) fixed days/week Afternoon Program Drop-In Program

Please circle your choice of the three specific days per week for the three day afternoon program.

Monday Tuesday Wednesday Thursday Friday

Medical Information

My child has the following medical condition(s): _____

Medications: _____

Food allergies: _____ Other: _____

My child has the following medical condition(s): _____

Medications: _____

Food allergies: _____ Other: _____

My child has the following medical condition(s): _____

Medications: _____

Food allergies: _____ Other: _____

Doctor: _____ Tel: _____ Insurance Company: _____

Insurance company tel.: _____ I.D. Number: _____

In the event of illness or injury to my child/children, which in the judgment of St. Martha Catholic School staff requires emergency treatment, Houston EMS will be called. The EMS will determine if your child is to be transferred to a hospital emergency room. Parents will be contacted immediately.

I hereby release the St. Martha Before and After School Program from any claim arising out of the doctor's actions. All medical expenses shall be the parent's responsibility.

HEALTH AND/OR EMERGENCY PICK-UP CONTACTS: Please list the name and phone number of two people who may be contacted in case of emergency or illness when the parent or guardian is not available. These people should live in the vicinity of the school during the hours that the Before and After School Program is in operation.

Name _____ Home Tel. _____ Relationship to Child _____

Name _____ Home Tel. _____ Relationship to Child _____

Your child will only be released to the emergency contacts named. Any changes in the Emergency Contacts must be submitted in writing to the school office. Verbal changes over the telephone will not be accepted.

I plan on using this program starting on : _____ (Date)

Please fill out both sides of this form and return it to the school office.



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**BEFORE AND AFTER SCHOOL PROGRAM (BASP)
2016-2017 School Year**

The first day for the Before and Afternoon School Program is August 18, 2016.

EVERY FAMILY IS REQUIRED TO FILL OUT THE ATTACHED FORMS AND RETURN THEM TO THE SCHOOL OFFICE NO LATER THAN AUGUST 22, 2016.

If you plan to use this program from the beginning of the school year, please indicate your choice of the program, and send the **registration fee of \$20 per student with the form**. If you do not plan to use this program from the beginning of the school year, please **send in your form without the registration fee**. Subsequently, should the need arise to use this program, all paperwork will already be on file at the school. You will only need to send in your registration fee to the school office and notify the BASP Coordinator at menezesv@stmarthacs.org, indicating which days you will use the program.

Annual Before and After School Program Registration Fees: \$20 per child (Non refundable)

MORNING PROGRAM: The morning program can be used on an as needed basis, but the student must be registered in the Before and After School Program before he/she starts to attend the morning program.

Daily Rate:	One Child	Two Children	Three Children	Four or more
Arrival: 7:00-7:30 a.m.	\$5	\$7	\$9	\$3 per child

AFTERNOON PROGRAM: There is the option for five (5) days a week or three (3) specific days a week. Due to staffing requirements, you must select which three days you will use during the week. The three days must remain the same every week.

Rates for Students registered for five (5) days a week: One Child = \$200/month Two Children = \$300/month
Three Children = \$400/month Four or more = an additional \$130 per child/month

Rates for Students registered for three (3) specific days a week: One Child = \$120/month
Two Children = \$180/month Three Children = \$240/month Four or more = an additional \$80 per child

DROP IN PROGRAM: If you use the afternoon program two days or less a week, the student will be considered a “drop in.” The rate for “Drop in” is \$15 per day per student.

ALL CHILDREN MUST BE PICKED UP BY 6 p.m. A fee of \$20 per child will be invoiced for pick up between 6:00 – 6:15 p.m. for all programs. After 6:15 p.m. an additional \$1 per minute per child will be invoiced.

INVOICING

Morning program: The family will be invoiced once a month except for the months of May and June. The invoices will be issued by the 5th of the following month and payment will be due by the 10th. For the month of May, an invoice will be issued on May 16, 2017, covering May 1-12, 2017. ***Any student utilizing the morning program from May 15 - June 2, 2017, must pay in advance or on the day that the program is used.***

Afternoon program: Fees are based on a monthly rate. Payment must be made **in advance by the 10th of each month.** The only exception will be the month of August 2016. (Please see section below “August 2016 and June 2017 Afternoon Program Invoicing.”) **Once you have registered your child for the five (5) day or three (3) day program, the above fees will be due whether your child attends on the days specified or not.** If a student registered for the three (3) day program attends any additional days, the additional days will be billed at the “drop-in” rate of \$15 per day.

August 2016 and June 2017 Afternoon Program Invoicing: The daily fees for August 2016 will be as follows: \$10 for one child, \$15 for two children, \$20 for three children and an additional \$7 for each additional child.

There will be no afternoon BASP for June 2017.

The fees for August are due with the registration fees.

Drop in: The family will be invoiced according to the number of days used. Invoices will be issued once a month except for the months of May and June. The invoices will be issued by the 5th of the following month, and payment will be due by the 10th. For the month of May, an invoice will be issued on May 16, 2017, covering May 1-12, 2017.

For any student utilizing the “drop-in” program from May 15-31, 2017, payment must be made in advance or on the day that the program is used. There will be no afternoon BASP for June 2017.

Payments should to be made to the school office using any one of the following methods:

- ACH – ACH starts in September. BASP August fees cannot be paid through ACH. ACH is only available for students registered in the five (5) days and three (3) days a week programs where the monthly payment is made in advance.
- Personal check
- Cashier check
- Credit card – subject to a 2.75% processing fee.
- Money order

Tuition and BASP fees can be paid at the same time using one payment method, except for the month of August 2016.

A late charge of \$10 may be added after the 10th of the month. Before and After School Program payments not received in the office by the 25th of each month **may result in the student not being admitted to the Before and After School Program.**

There is a \$25 charge for checks returned due to insufficient funds. If a check is returned, payment in the future will need to be in the form of a cashier's check, credit card or money order only. **A \$25.00 fee will be added for credit card payments being declined.**

Telephone number to the BASP Room: 281-358-5523 Extension 320. Please call this number if you are running late and picking up your child after 6 p.m.

Please retain this page for your records.