



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

**Before and After School Program (BASP)**  
**Registration and Medical Form**  
**2017-2018 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)  
2017-2018 School Year**

**The first day for the Before and Afternoon School Program is Wednesday, August 16, 2017.**

**EVERY FAMILY IS REQUIRED TO FILL OUT THE ATTACHED FORMS AND RETURN THEM TO THE SCHOOL OFFICE NO LATER THAN AUGUST 21, 2017.**

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](mailto: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.

<b>Daily Rate:</b>	<b>One Child</b>	<b>Two Children</b>	<b>Three Children</b>	<b>Four or more</b>
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 5<sup>th</sup> of the following month and payment will be due by the 10<sup>th</sup>. For the month of May, an invoice will be issued on May 21, 2018, covering May 1-18, 2018. ***Any student utilizing the morning program from May 21 - June 1, 2018, 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 10<sup>th</sup> of each month. The only exception will be the month of August 2017. (Please see section below “August 2017 and June 2018 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 2017 and June 2018 Afternoon Program Invoicing:** The rate for the monthly fees for August 2017 will be 50% of the regular monthly fees. There will be no afternoon BASP for June 2018.

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 5<sup>th</sup> of the following month, and payment will be due by the 10<sup>th</sup>. For the month of May, an invoice will be issued on May 21, 2018, covering May 1-18, 2018.

***For any student utilizing the “drop-in” program from May 21-31, 2018, payment must be made in advance or on the day that the program is used.*** There will be no afternoon BASP for June 2018.

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

- 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 2017.

A late charge of \$10 may be added after the 10<sup>th</sup> of the month. Before and After School Program payments not received in the office by the 25<sup>th</sup> 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 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.***