



CATHOLIC SCHOOLS *in the*
ARCHDIOCESE of NEW YORK
Faith-Based. Future-Focused.

Saint Joseph School

1946 Bathgate Avenue
Bronx, NY 10457

Phone: 718-583-9432 Fax: 718-299-0780

Email: info@saintjosephschoolbronx.org

Web: <http://www.saintjosephschoolbronx.com/>

Principal Carmen Lopez

KG - 8th Grade After School

September 10, 2018

Dear Parent/Guardian,

K-8th grade after school program that starts September 10th is available at a fee of:

\$250.00 monthly for 1 Student from 4:30-6:30 pm

\$325.00 monthly for 2 siblings 4:30-6:30 pm

\$400.00 monthly for 3 siblings 4:30-6:30 pm

Afterschool is not prorated at any anytime. After school will be charged to Smart Account on the 20th of every month from September - April. *A color copy of a valid identification of all guardians/parents or person allowed to pick up all students is required.*

Rules and Regulation for After-School

- All rules and regulations outlined in the Saint Joseph School Parent/Student Handbook applies to the program
- Your child will be supervised until 6:30pm
- After 6:30pm, there will be an additional \$15.00 charge for every student who is left on site.
- All September-April payments will be made through Smart Tuition.
- No fees will be refunded in any case.
- Fees will be applied on the 20th of every month.
- If at anytime you decide to no longer have your child attend after school you must notify us officially in writing **PRIOR** to the next billing cycle. We do not prorate after school.
- After school program is not responsible for any lost or stolen items.
- There is no afterschool during noon and 2:30 dismissal

I, _____ the parent/guardian of _____ of grade: _____ agrees to the rules and regulations of the After School Program of Saint Joseph School.

Signature of Parent/Guardian

Date

Applicants name: _____

Grade: _____

Student Name: _____ Grade: _____



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Primary Parent/Guardian Name: _____

Permanent Address: _____

Phone number: _____

Mobile number: _____

Work number: _____

Email: _____

Secondary Emergency Contact Parent/Guardian Name: _____

Permanent Address: _____

Primary Phone number: _____

Mobile number: _____

Work number: _____

Email: _____

Authorized person/s to pick up your child?

Name: _____ Relationship to child _____

Phone #: _____

Name: _____ Relationship to child _____

Phone #: _____

By signing below, I _____, parent/guardian of _____

approve all the names above as authorized person/s to pick up my child(indicated above) from

Saint Joseph school afterschool program)

Signature of Parent/Guardian

Date