

**Queen of Heaven School**  
**Before & After School Program**  
**Policies, Procedures and Registration for 2026 – 2027**

**Hours of Operation:**

**Before School Program:**

(located in the Gym)

- Students may be dropped off as early as 7:00 AM.
- A \$2.00 charge will be assessed for students arriving between **7:00 AM – 7:30 AM**.

**After School Program:**

(located in the Church Hall)

- **Pre-K:** 2:15 – 5:45 PM: students are escorted to the program either by a teacher or teacher's aide.
- **Grades K – 8:** 2:45 – 5:45 PM students are called at dismissal and will proceed to a classroom to be checked in before walking down to the Church Hall.

**\*\* There is NO after school program when school is NOT in session. Early Dismissal days will be determined if there is staff available.\*\***

**Pick Up Policy:**

- Children will not be released to anyone who is not on the authorization form.
- Authorized people to pick up students, other than a parent, **MUST** have I.D. present to show staff members.
- **Children MUST be picked up NO LATER than 5:45 PM or a late charge of \$15.00 will be charged for every additional 15 minutes past the pickup time.**
- All parents must come to the glass church doors, once inside ring the door buzzer, identify yourself and wait to be buzzed in.
- **DO NOT** use the main school doors for pick-up.

### **Attendance:**

- If an additional day is required for after school care, email Mrs. Boyd at [asp@qofhschool.org](mailto:asp@qofhschool.org) and your child's/children teacher(s).
- If changes to a child's regular schedule are needed, email Mrs. Boyd at [asp@qofhschool.org](mailto:asp@qofhschool.org) and your child's/children teacher(s).

### **Fees:** (billing is calculated to the nearest half hour)

- **1 child** - \$10.00 /hour
  - **2 children** - \$12.00/hour
  - **3 children or more** - \$14.00/hour
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- Bills for the month will be sent at the end of the month and are due **NO LATER** than 10 business days.
  - **ALL** payments **MUST** be made by check or money order payable to Queen of Heaven or through your ACH account. (*PLEASE include your ID# on all checks.*)
  - A late fee of \$20.00 will be charged for payments not made in a timely manner.
  - **If your account is 2 weeks past due, your child will not be allowed to return to the program until the account is made current.)**

### **Snack Rates**

*(billed by trimester)*

- **Attendance 4 - 5 days:** 1 child \$40/per trimester **OR** 2 or more children \$50/per trimester
- **Attendance 2 - 3 days:** 1 child \$35/per trimester **OR** 2 or more children \$40/per trimester
- **Attendance 1 day or as needed:** 1 child \$30/per trimester **OR** 2 or more children \$30/ trimester

### **IMPORTANT INFORMATION:**

- **ALL students must have the registration forms on file in order to utilize the Before/After School Program at Queen of Heaven School.**
- Please **save your monthly statements** as we DO NOT send end of year statements.
- Taxpayers using form 2333 to claim child care expenses should insert **"tax exempt"** for EIN number.

**Queen of Heaven**  
**Before & After School Registration Form**  
**2026 - 2027**

**ID#** \_\_\_\_\_

**FAMILY NAME** \_\_\_\_\_ **Phone# (H)** \_\_\_\_\_ **Cell#** \_\_\_\_\_

Child(ren) Name \_\_\_\_\_ Gr \_\_\_\_\_ Food Allergies/Limitations \_\_\_\_\_

Name \_\_\_\_\_ Gr \_\_\_\_\_ Food Allergies/Limitations \_\_\_\_\_

Name \_\_\_\_\_ Gr \_\_\_\_\_ Food Allergies/Limitations \_\_\_\_\_

Name \_\_\_\_\_ Gr \_\_\_\_\_ Food Allergies/Limitations \_\_\_\_\_

**Days Needed:** (Days are flexible. **If you are not sure please write VARYS or leave blank.**)

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**Any changes needed to your child(ren)'s schedule email Mrs. Boyd at**  
**asp@qofhschool.org.**

Authorized to pick up child(ren) PLEASE include yourself. Anyone authorized to pick up MUST have ID.

| NAME | PHONE NUMBER | RELATIONSHIP |
|------|--------------|--------------|
|------|--------------|--------------|

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| _____ | _____ | _____ |
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**Emergency Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I would like my child to work on homework in the After School Program** \_\_\_\_ YES \_\_\_\_ NO

**PARENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_