SESO

Southwestern Educational Society

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Accredited by the Middle States Association of Colleges and Schools since 1991

AFTERNOON PROGRAM 2024-2025

The Afternoon Program provides supervision for students from 1st to 5th grade.

Students are provided with a light snack and juice, they work on their homework, study, read leisurely and draw. When all of the students have finished their homework they are allowed a time to play or watch age appropriate movies. **This is NOT a tutoring program.**

Full Week Hours & Fees

2:30pm – 4:30pm	**$100.00/month**
2:30pm – 5:30pm	**$120.00/month**

- Monthly payments should be made on or before the 15th of every month. A late fee of $15.00 will be charged when payment is made after the 15th.
- Students who are not picked up on time will be charged an additional fee of $15.00 for every extra hour.
- Students who begin participation in the Afternoon Program in August do not pay for the month of May.
- If a student is going to be out of school or out of the Program for more than two days, please **notify the coordinator to reserve his/her space. Payments must be made as usual.**
- If you enroll your child only for certain days of the week, those days may not be transferred to other days of the week without notice **and approval** from the Afternoon Program Coordinator. Please contact Pilar for fees information. If your child needs to remain in the program for an additional day, you will be charged $.30/additional minute & $18.00/additional hour from the 2:20pm dismissal.
- Grades and transcripts will be held if the student has an outstanding balance in the Afternoon Program.
- Students wo have not submitted the latest official immunization record (PVAC-3) and Physical Examination form will not be allowed to stay at dismissal.

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Student Name Parent's Signature

Revised: 7/11/2022

AFTERNOON PROGRAM 2023-2024

Student's Name _____ Grade _____

_____ 4:30pm/$100 _____ 5:30pm/$120

_____ Other arrangement: _____

_____/$_____

Mother's Name _____

Mother's Email Address: _____

Mother's Cell Phone: _____

Father's Name _____

Father's Email Address: _____

Father's Cell Phone: _____

Person(s) to contact in case of EMERGENCY

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

★ **Suffers from any illness or allergies:**

_____

Parent's Signature _____

***Spaces are limited and given on a first come, first served basis. We strongly encourage you to hand in or send us by email both documents as soon as possible.**