



HOLIDAY HEIGHTS ELEMENTARY SCHOOL



5221 Susan Lee Lane
NRH, TX 76180



817-547-2600

Excellence
Integrity
Service

On behalf of the Holiday Heights Extended Day staff, we are excited to welcome you back to school!

Payment Information:

- There is a \$25 annual registration fee per family.
- The weekly fee is \$65 per student for the afternoon session and \$30 for the morning session.
- If your student attends both sessions, the weekly fee is \$90.
- Payments are due the Friday before the week of attendance and must be made online through the [Holiday Heights website](http://birdvilleschools.net).
- **Please note: You are responsible for payment whether or not your child attends, unless you officially withdraw them from the program with a one-week notice.**

If you have any questions regarding payments or registration, please contact Cassandra Hockenberger cassandra.hockeberger@birdvilleschools.net or call 817-547-2600.

Behavior Expectations:

We will follow the Birdville ISD Student Code of Conduct during Extended Day. Students who do not follow the code of conduct may be dismissed from the program. The following discipline steps will be followed:

- First Offense: Conference with the parent and student.
- Second Offense: Dismissal from the Extended Day program for one week.
- Third Offense: Permanent removal from the program.

Program Details:

Extended Day is offered on all regular school days (excluding holidays and early release days).

AM 7:00-7:40am

PM: 3:35-6:00pm

If you wish to withdraw your child from the program, please provide one week's notice in writing. There are no "holds" or pauses in enrollment. Tuition is required each week unless your child is officially withdrawn. We look forward to a great year with your child in Extended Day!

I understand the Holiday Heights Extended Day Program and agree to the terms above.

Student Name: _____

Parent Signature: _____

Date: _____



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Holiday Heights Extended Day Student Enrollment Information



**HOLIDAY
HEIGHTS
ELEMENTARY
SCHOOL**

Student Name: _____

Teacher: _____

Grade: _____

Parent/Guardian Name: _____

Phone #: _____

Parent/Guardian Name: _____

Phone #: _____

Emergency Contact: _____

Phone #: _____

I authorize Holiday Heights Elementary Extended Day to allow my student to leave the program with the following people (must show ID):

Authorized Person: _____

Authorized Person: _____

Please list any special needs or allergies:



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- I authorize Holiday Heights Extended Day Staff to call Emergency Medical Services for my student is needed.
- I understand I must give one week's notice for withdraw from the program.
- I understand that I must pay weekly, regardless of attendance.

Parent/Guardian: _____

Date: _____

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