

Little Flower School
905 Kentucky Ave.
San Antonio, TX 78201
(210) 732-9207

After School Care Program
(210) 260-0501

Hours of Operation:

- The After School Care Program operates each regularly *scheduled school day*
- Program runs between the hours of 3:30 p.m. through 6:00 p.m.
- After School Care is available on most early dismissal days, with exception of:
 - Last day before Christmas holidays
 - Holy Thursday
 - Last day of school

On these days, children must be picked up at dismissal time.

RATES & BILLING: To qualify for the monthly rate, parents must enroll their child in the After School Care Program for the entire school year. Payment will be due in advance on the **1st of the month**, along with tuition payment. After the 5th of the month a late is applied.

- * 1 child - \$75.00 per month
- * 2 children - \$95.00 per month
- * 3 children - \$115.00 per month

If after enrolling in the Monthly Rate Plan you no longer need after school care services, you may terminate the service by submitting a request in writing to the Business Office. Once terminated, you will be billed at the drop-in rate when using the after school care services.

Open enrollment for the Monthly Rate Plan will only be permitted as follows:

- Prior to the 2nd Monday of the School Year
- Between December 15th – December 31st
- New students will be permitted to enroll at the time of registration.

Drop-In Rates

Parent with students not enrolled in the Monthly Rate Plan will be billed at a drop-in rate per child as follows:

Drop-In Rate- \$10.00 per child/per day
Early Dismissal Days- \$15.00 per child/per day

After 6:00 p.m. a fee of \$5.00 (per child) for each 5 minute interval past 6:01 p.m. will be assessed. For parents who habitually fail to pick up their children on time, the After School Care Program reserves the right to terminate a child's enrollment. A written warning will be issued before termination.

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After School Care Program Enrollment

Form Must be completed for ALL students whether enrolling in After School Care or Not

STUDENT INFORMATION

Name

Grade

- 1.
- 2.
- 3.

PARENT/GUARDIAN INFORMATION

Name

Mailing Address _____

Home/Cell Phone Number

Work Number

Email Address

YOU MUST CHECK ONE OF THE FOLLOWING OPTIONS:

Yes No

____ (Initial) **Option 1:** I wish to enroll my child(ren) in the monthly, flat rate program with payment due by the 5th of each month.

_____ 1-child (\$75.00) _____ 2-children (\$95.00) _____ 3-children (\$115.00)

Yes No

____ (initial) **Option 2:** I do not wish to enroll in the program and therefore understand that I will be charged at the drop in rate as stated in policy.

Signature*

Date

*If you choose to submit the form by email, your email address will serve as your signature.