

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

**After School Care Program**  
**(210) 260-0501**

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

Little Flower School will provide after school supervision from 3:30 to 6:00 pm. Your child will receive a drink and snack daily. The hour begins @ 3:30pm every day. An invoice is sent on a monthly basis. Balance must be kept current for child to continue attending after school care program.

The following information is kept on file for **ALL** students

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

I understand Little Flower Catholic School is not responsible for any incidents my child may have while in the program. I will pick my child up at or before 6:00 pm.

The following persons are authorized to pick my child/children up from After School Care. I understand that my child/children will not be released to any person whose name is not listed unless I make prior arrangements, and that anyone other than myself may be asked to present identification when picking up my child/children. **Must be 18 years or older to pick up student.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

(you may add additional names on the back side of this form)

Father's Name: \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work# \_\_\_\_\_

Cell # \_\_\_\_\_

**In case of an emergency during After School care and we cannot be reached, please contact: (list two others names besides parents or guardians)**

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

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

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_