

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

After School Care Program

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 Exceptions:
 - 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 or 15th of the month**, in accordance with FACTS tuition agreement.

- * 1 child - \$125.00 a month
- * 2 children - \$150.00 a month
- * 3 children - \$175.00 a month

If after enrolling in the Monthly Rate Plan you no longer need after school care services, you may terminate the service by submitting your request in writing to the Principal. 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- \$20.00 per child/per day Early Dismissal Days- \$25.00 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.

Little Flower School

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:

___ **Option 1:** I wish to enroll my child(ren) in the monthly, flat rate program with payment due by the 1st or 15th of each month in accordance with my FACTS agreement.
___ 1-child (\$125.00) ___ 2-children (\$150.00) ___ 3-children (\$175.00)

___ **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.

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

After School Care Program

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 p.m. to 6:00 p.m. Your child will receive a drink and snack daily. The hour begins @ 3:30 p.m. 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 p.m.

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: _____