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
 - o Holy Thursday
 - Last day of school

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

RATES & BILLING 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 you 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 INFOR	MATION	
Name		
Mailing Address		
Home/Cell Phone NumberWo	ork Number	
Email Address		
YOU MUST CHECK ONE OF THE FOLL	OWING OPTIONS:	
Option 1 : I wish to enroll my child(ren) in the monthly, due by the 1 st or 15 th of each month in accord		
1-child (\$125.00)2-children (\$150.0	3-children (\$175.00)	
Option 2: I do not wish to enroll in the program and th 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.

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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:	Name: Grade: Grade:		
-	Gr	ade:	
	tholic School is not responsible by will pick my child up at or before		
understand that my child/chi unless I make prior arrangem		person whose name is not listed n myself may be asked to present	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:(you may add a	Relationship: dditional names on the back sid	Phone:e of this form)	
		Work #	
	Cell #		
Mother's Name:	Work#		
	Cell #		
In case of an emergency during A others names besides parents or	fter School Care and we cannot be r guardians)	eached, please contact: (list two	
Name:	Phone:		
Name:	Phone:		
		Date:	
Signature of Parent/Guardian			