

St. Luke Catholic School
2015-2016 Morning/After School Care Program Registration Form

- Non-Refundable Registration Fee of \$40.00 per family to be turned in with registration form.
- There is no monthly tuition for *Morning Care* (before 7:30 a.m.) except the \$40.00 registration fee. A family will be charged the \$40.00 registration fee after 3 drop-ins to *Morning Care*.
- Payments are due by the 1st of the month and no later than the 10th. **After the 10th of the month, a late fee will be assessed.**
- **Families enrolled in the After-school Care Program will have their monthly payment automatically withdrawn via their Smart Tuition account.**
- **Drop in fees which remain unpaid (families will be notified) will be added to your Smart Tuition account after 30 days.**
- After-school care monthly tuition: 1 child - \$130.00/month; 2 children - \$203.00/month; 3 or more children - \$249/month

Please check one to indicate your family's needs:

Before School Care Only After School Care Only Morning & Afternoon

Student(s) name:	Grade	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home phone#: _____

Address: _____

City/State/Zip _____

Father's Name: _____

Work phone#: _____

Business address: _____

Cell/pager: _____

Mother's Name: _____

Work phone#: _____

Business address: _____

Cell/pager: _____

The following persons are also authorized to pick up the student:

Name: _____ Phone# _____ Relationship _____

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The after-school care director, Mrs. Linda Flores, must be notified if anyone else will pick the student(s) up at 210-386-4910.

Students picked up after the indicated time will be charged a late fee of \$1.00 for each minute after 6:00 p.m./; this fee is to be paid at the time that the child is picked up.

In the event that neither the parents nor the alternates can be reached in an emergency, I hereby authorize the personnel in charge of St. Luke After-School Care Program to take my child to:

Dr. _____ Address: _____

Phone# _____ or to: _____

The undersigned agrees that St. Luke Catholic School, St. Luke After School Care Program or St. Luke Catholic Church will not be held responsible for any consequences resulting from diagnosis and treatment.

Parent or Guardian signature: _____ Date: _____