

St. Luke Catholic School
2017-2018 Morning/After-School Care Program Registration Form

- Non-Refundable Registration Fee of \$40.00 per family to be turned in with registration form.
- The \$40.00 registration fee will entitle a family to the morning care (at no charge) and monthly After-School Care at the following rates: 1 child - \$130.00 per month; 2 children - \$203.00/month; 3 or more children - \$249.00/month. Monthly payments will automatically be withdrawn via your FACTS Tuition account.
- After paying the \$40.00 registration fee, there is a drop-in daily fee of \$10 per child.
- If your child will be attending more than 13 days in a month, it is more economical to enroll as a full-time After-School Care child. For 2 children, no more than 10 days and it would be more economical to pay the full monthly ASC rate. For 3 children, no more than 8 days,

Please check one to indicate your family's needs:

Before School Care Only
 After School Care Only
 Morning & Afternoon
 FULL TIME DROP IN

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 _____

Name: _____ Phone# _____ Relationship _____

The After-School Care Director, Ms. Linda Flores, must be notified if anyone else will pick the student(s) up at 210.386.4910.

Students picked up after 6:00 p.m. 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.

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In the event that neither the parents nor the alternates cannot 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: _____

Parent Printed Name: _____