

St. Luke Catholic School

2023-2024 Morning (Before-School Care)/After-School Care Program Registration Form

****ONLY ONE FORM PER FAMILY, PLEASE****

- Non-Refundable Registration Fee of \$50.00 per family will be added to the family's FACTS Tuition account.
- The \$50.00 registration fee will entitle a family to the morning care (at no charge) and monthly After-School Care at the following rates: 1 child - \$200.00 per month; 2 children - \$275.00/month; 3 or more children - \$325.00/month. All charges will be added to your FACTS Tuition account.
- After paying the \$50.00 registration fee, there is a drop-in daily fee of \$20.00 per child.
- If your child will be attending more than 10 days in a month, it is more economical to enroll as a full-time After-School Care child. For 2 children, no more than 7 days and it would be more economical to pay the full monthly ASC rate. For 3 children, no more than 6 days,

Please check one to indicate your family's needs:

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*Before-School Care
(6:30 am – 7:30 am)

☐

After-School Care

☐

FULL TIME

☐

DROP IN

Student(s) name:

Grade

Age

Gender

*If only Morning Care is used (6:30 am to 7:30 am), a one-time \$100.00 registration fee applies and will be added to the family's FACTS Tuition account.

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.

Continues on the next page



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I understand that ALL After-school Care Fees (registration fee, monthly fees, drop-in fees) will be added to my family's FACTS Tuition account.

INITIAL

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: _____