



St. Francis Xavier After School Care Program

3601 Scott Rd.
Burbank, Ca 91504
818-504-4408

St. Francis Xavier School welcomes you and your child/children to the St. Francis Xavier School After School Care Program for the 2025-2026 school year. ASC is available from 3:15 to 6:30 p.m. Monday through Friday on days that St. Francis Xavier School is in session.

Eligibility: Student in grades TK - 8th that attend St. Francis Xavier School

Registration: \$25.00 fee per year per family paid by check (to SFX School) or cash delivered to the Parish Office

Monthly Fee Schedule (September through May):

1 Child	\$225.00
2 Children	\$300.00
3 or more Children	\$375.00

September tuition statement will include a full September month, plus prorated August month.

May tuition statement will include a full May month, plus a prorated June month.

Families should carefully select “monthly” or “drop-in.” Once selected families cannot change unless a parent’s job status changes such as loss of a job, on disability, or starts a new job.

Drop In Fee Per Child Per Day (August through May, Drop In is not available in June): \$25.00

If you absolutely need drop in for June, you must contact the parish office by May 1st and you will be charged the prorated monthly fee for June.

Fees are due and payable by the 10th of each month through Smart Tuition.

Refund Policy:

Registration fee is non-refundable.

Late Pick-up policy:

A late pick-up will be charged \$1.00 per minute after 6:30 p.m. If a family is late more than 3 times they will be not be allowed to participate in ASC.

Reasons for Termination:

Swearing, stealing, fighting or repeated unwillingness to cooperate with or comply with rules.

NAME OF PERSONS AUTHORIZED TO TAKE CHILD/REN FROM AFTER SCHOOL CARE.
No child will be allowed to leave with any other person without written authorization from parent or guardian.

Name	Relationship	Tel(Home)	Tel(Cell)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

Doctor's Name Address Tel.#

Dentist's Name Address Tel.#

Medical Plan Policy Number

CONSENT FOR MEDICAL TREATMENT:

AS A PARENT, AGENCY REPRESENTATIVE OR LEGAL GURADIAN, I HEARBY GIVE CONSENT TO SAINT FRANCIS XAVIER AFTER SCHOOL CARE PROGRAM TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DUALY LICENSED PHYSICIAN (MD) OR DENTIST (DDS) FOR _____

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELLBEING OF MY DEPENDENT.

Name

My Child/ren has the following medication allergies or illness and is currently taking the following medication: _____

The undersigned parents/guardians are aware of and agree to follow the published policies and procedures of the St. Francis Xavier After School Care Program.

Parent/Guardian Signature

Date