



## **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 - 8<sup>th</sup> 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.

**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 1<sup>st</sup> and you will be charged the prorated monthly fee for June.

Fees are due and payable by the 10<sup>th</sup> 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.

Please keep this page for your records and fill out the following 2 pages and return to us.

The undersigned parents agree to indemnify and hold harmless Saint Francis Xavier, the school, the church, and all their agents, employees, consultants (paid or volunteer) from any loss or liability arising out of their school-aged care program as such loss or liability relates to the child/children covered by this contract.

THE NAMES, GRADES, AND SELECT ONE OPTION (MONTHLY OR DROP IN) OF MY CHILDREN TO BE INCLUDED IN THE PROGRAM ARE:

NAME:	GRADE:	MONTHLY	DROP IN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

### EMERGENCY INFORMATION

Please complete and return the following emergency information, consent for medical treatment and authorization for pick-up.

Child's last name	First	Date of birth
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Child's last name	First	Date of birth
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Child's last name	First	Date of birth
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Address	Phone
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Parent 1 or Guardian 1
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Work Phone and Cell Phone	Hours
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Parent 2 or Guardian
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Work Phone and Cell Phone	Hours
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Parent 1 or Guardian 1 email

Parent 2 or Guardian 2 email

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)

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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 THREATMENT:**

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: \_\_\_\_\_

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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