Saint Andrew Aftercare

11602 Kemp Mill Road
Silver Spring, MD 20902
301-649-3144
For billing questions contact- kathy.mccaw@standrewapostle.org
Tax #52-0732612

Registration Form for Academic Year 2025-2026

Family Name: _____

Children's Information

Please check the days student will attend (if applicable).

Child's Name	Grade (as of 8/2025)	Plan*	Monday	Tuesday	Wednesday	Thursday	Friday
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

Parent Information

Mother's Information	Father's Information
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Email:	Email:

Please choose the plan that is best for you. With the exception of Plan #6, this will be a fixed rate that will be billed monthly in FACTS along with tuition starting July 1.

Plan	Description	Rate
1	3:00 pm – 6:00 pm - 5 days a week	$4290/year
2	3:00 pm – 6:00 pm - 4 days a week	$3900/year
3	3:00 pm – 6:00 pm -3 days a week	$3510/year
4	3:00 pm – 6:00 pm - 2 days a week	$2340/year
5	3:00 pm - 6:00 pm - 1 day a week	$1170/year
6	3:00 pm – 6:00 pm - Drop-In or Fraction Thereof	$35.00/day

DROP-IN MORNING CARE: 7:00 am - $5.00 daily. Morning Care is available to all St. Andrew students and may be used without a registration form.

There is a $50.00 non-refundable registration fee (per family) required with this form.
Rates are subject to change.

For Office Use Only

Check #: Date:	Emergency Card:
Health Letter Sent:	Health Form:

*Select an option for the table below
**If the first of the month falls in the middle of a pay period, the changes will be applied to the following pay period.