

Little Flower School  
905 Kentucky Ave.  
San Antonio, TX 78201  
(210) 732-9207

## **After School Care Program**

### **Hours of Operation:**

- The After School Care Program operates each regularly *scheduled school day*
- Program runs between the hours of 3:30 p.m. through 6:00 p.m.
- After School Care is available on most early dismissal days. With Exceptions:
  - Day before Christmas holidays
  - Holy Thursday
  - Last day of school

On these days, children must be picked up at dismissal time.

**RATES & BILLING:** To qualify for the monthly rate, parents must enroll their child in the After School Care Program for the entire school year. Payment will be due in advance on the **1<sup>st</sup> or 15<sup>th</sup> of the month**, in accordance with FACTS tuition agreement.

- \* 1 child - \$125.00 a month
- \* 2 children - \$150.00 a month
- \* 3 children - \$175.00 a month

If after enrolling in the Monthly Rate Plan you no longer need after school care services, you may terminate the service by submitting your request in writing to the Principal. Once terminated, you will be billed at the drop-in rate when using the after school care services.

Open enrollment for the Monthly Rate Plan will only be permitted as follows:

- Prior to the 2<sup>nd</sup> Monday of the School Year
- Between December 15<sup>th</sup> – December 31<sup>st</sup>
- New students will be permitted to enroll at the time of registration.

### **Drop-In Rates**

Parent with students not enrolled in the Monthly Rate Plan will be billed at a drop-in rate per child as follows:

Drop-In Rate- \$20.00 per child/per day Early Dismissal Days- \$25.00 per child/per day
--

After 6:00 p.m. a fee of \$5.00 (per child) for each 5 minute interval past 6:01 p.m. will be assessed. For parents who habitually fail to pick up their children on time, the After School Care Program reserves the right to terminate a child's enrollment. A written warning will be issued before termination.

# Little Flower School

## After School Care Program Enrollment

Form Must be completed for ALL students whether enrolling in After School Care or Not

### STUDENT INFORMATION

	Name	Grade
1.	_____	_____
2.	_____	_____
3.	_____	_____

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address \_\_\_\_\_

### YOU MUST CHECK ONE OF THE FOLLOWING OPTIONS:

\_\_\_\_ Option 1: I wish to enroll my child(ren) in the monthly, flat rate program with payment due by the 1<sup>st</sup> or 15<sup>th</sup> of each month in accordance with my FACTS agreement.

\_\_\_\_ 1-child (\$125.00)    \_\_\_\_ 2-children (\$150.00)    \_\_\_\_ 3-children (\$175.00)

\_\_\_\_ Option 2: I do not wish to enroll in the program and therefore understand that I will be charged at the drop in rate as stated in policy.

\_\_\_\_\_  
Signature\* Date

\*If you choose to submit the form by email, your email address will serve as your signature.