



2018-2019 Little Flower School After Care Rates

This year, due to COMAR staffing regulations, After Care Programs will have limited capacity on 1st come, 1st served basis. We cannot guarantee availability for Drop-In Care. After Care is only open on days when school is in session. If there is an early dismissal due to inclement weather, After Care will also be closed.

After Care Registration Fee:
\$30.00- One student or \$40.00- Per family

After Care Rates:

Weekly Rate: *After Care is open from the end of the school day until 5:30 p.m.*

\$75.00 - 1st student

\$60.00 - Each additional student

Weekly rates will apply to those families whose children attend the program on a daily or regular basis. Weekly rates apply to the entire school year and include early dismissal days. A change in rate status must be approved by Ms. Keeton.

Daily Rate:

\$25.00 day - 1st student

\$20.00 day - each additional student

Early Dismissal Daily Rate:

\$30.00 day - 1st student

\$25.00 day - each additional student

After Care is open from school dismissal time until 5:30 p.m. A late fee of \$1.00 per minute will be charged after 5:30 p.m. All students must be signed out by a parent or guardian before leaving After Care each day.

Billing:

Invoices are mailed to your home at the end of each month for services rendered. Fees are due upon receipt of the invoice.

Registration After Care

2018-2019

**Registration Fee: \$30.00- One student
\$40.00- Per family**

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Billing Address: _____ City: _____

State: _____ Zip Code: _____

Please check **all** that apply.

My child(ren) will attend After Care:

____ Every or Most Days (Weekly Rate Applies)

My child(ren) will attend on a daily or regular basis; therefore, I understand that I will be billed at the Weekly Rate for the duration of the school year.

____ Drop In/As Needed Basis Only (Daily Rate Applies)

My child(ren) will attend on an "as needed" basis; therefore, I understand I will be billed according to the daily rate schedule.

____ Mondays

____ Tuesdays

____ Wednesdays

____ Thursdays

____ Fridays

____ Early Dismissal Days Only

I UNDERSTAND AN EMERGENCY FORM MUST BE COMPLETED FOR EACH CHILD. (ONE PER CHILD)

Parent Name (Printed): _____

Parent Signature: _____ **Date:** _____

Office Use Only:

Date Registration Form **Received** in Office: _____

Payment: Cash Amount: _____ Check #: _____ Date on Check: _____