

**St. Luke Catholic School**

2020-2021 MORNING (BEFORE-SCHOOL CARE)/AFTER-SCHOOL CARE PROGRAM REGISTRATION FORM

**ONLY ONE FORM PER FAMILY, PLEASE**

- Non-Refundable Registration Fee of \$40.00 per family to be turned in with registration form.
- The \$40.00 registration fee will entitle a family to the morning care (at no charge) and monthly After-School Care at the following rates: 1 child - \$150.00 per month; 2 children - \$225.00/month; 3 or more children - \$275.00/month. All payments will automatically be withdrawn via your FACTS Tuition account.
- After paying the \$40.00 registration fee, there is a drop-in daily fee of \$15 per child. **EMERGENCIES ONLY**
- If your child will be attending more than 10 days in a month, it is more economical to enroll as a full-time After-School Care child. For 2 children, no more than 7 days and it would be more economical to pay the full monthly ASC rate. For 3 children, no more than 6 days,

Please check one to indicate your family's needs:

Before-School Care       After-School Care  
 FULL TIME       DROP IN

Student(s) name:	Grade	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work phone#: \_\_\_\_\_

Business address: \_\_\_\_\_

Cell/pager: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work phone#: \_\_\_\_\_

Business address: \_\_\_\_\_

Cell/pager: \_\_\_\_\_

The following persons are also authorized to pick up the student:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

The After-School Care Director, Ms. Linda Flores, must be notified if anyone else will pick the student(s) up at 210.386.4910.

Students picked up after 6:00 p.m. will be charged a late fee of \$1.00 for each minute after 6:00 p.m.; this fee is to be paid at the time that the child is picked up.

*Continues on the next page*



**2020-2021 Morning/After-school Care Registration Form**

I understand that ALL After-school Care Fees (registration fee, monthly fees, drop-in fees) will be added to my family's FACTS Tuition account.

\_\_\_\_\_  
INITIAL

In the event that neither the parents nor the alternates cannot be reached in an emergency, I hereby authorize the personnel in charge of St. Luke After-School Care Program to take my child to:

Dr. \_\_\_\_\_ Address: \_\_\_\_\_

Phone# \_\_\_\_\_ or to: \_\_\_\_\_

The undersigned agrees that St. Luke Catholic School, St. Luke After-School Care Program or St. Luke Catholic Church will not be held responsible for any consequences resulting from diagnosis and treatment.

Parent or Guardian

signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_