

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

After School Care Program
(210) 260-0501

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 day. With Exceptions:
 - Days 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 **1st of the month**, along with tuition payment. No later than the 5th of the month.

- * 1 child - \$75.00 a month
- * 2 children - \$95.00 a month
- * 3 children - \$115.00 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 you request in writing to the Business Office. 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 2nd Monday of the School Year
- Between December 15th – December 31st
- 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- \$10.00 per child/per day Early Dismissal Days- \$15.00 per child/per day
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After 6:00 p.m. a fee of \$5.00 (per child) for each 5 minutes 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.

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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 10th of each month.
___ 1-child (\$75.00) ___ 2-children (\$95.00) ___ 3-children (\$115.00)

___ **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.