



Saint Anthony Catholic School

After School Program

Guidelines 2020 - 2021

- ❖ Children not picked up from school by 3 p.m. will be sent to the After School Program and applicable fee/s will be applied.
- ❖ Children **must** be picked up and signed out of our care from the after school gate.
- ❖ In the event of an emergency or **unexpected late pick-up**, the parent or guardian **must call** the After-School phone below to notify the Director.
- ❖ **Individual snacks will be given** (approx. 4:30 p.m.) to full day aftercare students. Children are welcome to bring their own snacks if they wish.
- ❖ There will be a **late pick-up charge** for each minute past pick-up time. Habitual late pick-up will not be tolerated, and you may be asked to make other arrangements for after school care.
- ❖ Children must have **written permission** from a parent or guardian to go home with friends or another adult. ID must be presented before the student is released for pick-up. Last minute calls are not acceptable.
- ❖ After school charges are billed monthly and will be added to your FACTS Tuition account. Your child will not be allowed to remain in the After School Program if your account is delinquent.

Fees

<u>Annual Registration Fee</u>	\$50.00 Per Family		
<u>Daily Full Day (until 5:30 p.m.)</u>	\$12.00* (1 child)		\$10.00* (2+ Children)
<u>Half Day Rate (until 4:00 p.m.)</u>	\$ 5.00 (per child)		
<u>Weekly Rates (5 days)**</u>	1 child - \$50	2 children - \$70	3+ children - \$90
Additional charge per child per <u>Early Dismissal Day</u>	\$ 5.00	<u>Late Pick-up Fee</u>	\$5.00 for every minute late

We are pleased to have your child / children with us. We look forward to working with you and meeting your needs.

* Includes individual snack

**4 days if holiday wk.

After School Phone

954-261-2595

aftercare@stanthonyftl.org

m.cunningham@stanthonyftl.org

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After School Program

Registration Form

Child's Name: _____ Grade: _____
Last First

Child's Name: _____ Grade: _____
Last First

Child's Name: _____ Grade: _____
Last First

Address: _____

Home Phone # _____

\$50.00 Registration Fee *Will be charged to your FACTS Tuition Account in the fall.*

Parents / Guardian Names:

Work Phone #: _____
Work Phone #: _____

I hereby give _____ authorization to pickup my child from after school.
name of authorized adult

Emergency Contact _____ **Relationship** _____
Phone #: _____

Physician's Name: _____ Phone #: _____

My Child/ren _____
is/are covered under the School's Insurance Policy. ☐ Yes ☐ No

My child/ren is/are covered by _____ **Insurance**
Policy # _____

I will not hold Saint Anthony School liable for any injury, which may occur in the After School Program. I agree to pick-up my child/ren **by 5:30 p.m.**

Parent/Guardian Signature

Date

Please write any additional comments on a separate sheet of paper