



Saint Anthony Catholic School



Application Packet **2023-24**

New Student Applications
Open Enrollment Due January 30 – February 3, 2023

In this Application Packet you should find:

1. General Information/ Tuition
2. Application Process Checklist
3. Student Application (2 sides)
4. Request for Student Information & Student Recommendation Form
5. Home Language Survey
6. Medication Authorization
7. After School Program – Information/ Registration
8. Parents Pledge of Faith and Support
9. Tuition Agreement



Saint Anthony Catholic School

820 NE Third Street
Fort Lauderdale, Florida 33301
954.467.7747



General Information for Parents of Children at Saint Anthony Catholic School

ACADEMIC YEAR 2023-2024

Admissions Calendar

2023-2024 Prospective Family Tours	See Website for Tour Dates Call 954-525-8851 to schedule your tour
Re-Registration – Returning Families 2023 -24	January 9 – January 13, 2023
New Student/ Family Application 2023-24 New Family Interviews/ Student Screenings	January 30 – February 3, 2023 February 2023
<u>Step-Up For Students Scholarship & Family Empowerment Scholarships 2023-24</u> Some families are eligible regardless of income including military families, students in foster care, and siblings of Family Empowerment Scholarship for Unique Abilities students (FES-UA, formerly Gardiner).	Renewing Families – Once in – Always in (no need to requalify) Accepting New Applicants –TBA <i>New Families - get on their mailing list</i> Note: First-come, first-served basis
Financial Assistance Application (FACTS) 2023-24	Deadline March 1, 2023

NON-REFUNDABLE APPLICATION / REGISTRATION FEE PER CHILD

New Student Application Fee
Registration Fee:

\$ 50 per child
\$200 per child

2023-24 TUITION PER CHILD

Tuition rate includes fees for testing, books, supplies, and computer notebooks, as appropriate.

Pre-K Program through Grade 8:

\$9,100 per child

Registered Catholic parishioners of Saint Anthony Catholic Church and neighboring parishes (without schools) who participate in the faith life of the parish by giving fully of their time, talent and treasure and by regularly attending Sunday Mass and Holy Days of Obligation are eligible for a discretionary tuition reduction up to \$1000 per child consistent with mass attendance, contributions and service. Members of Catholic parishes without schools must provide a letter from their pastor confirming their support status.

Additionally, parishioners may be eligible for a **multi-child discount** as follows:

Two - Four children enrolled in school: \$1,000 reduction per child



2023 – 2024 Application Process Checklist

New Student / Family Application

The following items are required in order to initiate the application process. Documents can be uploaded with online application.

Due At Time of Application – Open Enrollment Jan 29 – Feb 3, 2023

- ☐ **Student Application Form** – (online or hard copy) Completed and signed; include all student / family information
- ☐ **Non-refundable Application Fee of \$50.00** per child payable to St Anthony School; do not pre-pay any other fees
- ☐ **Birth Certificate (Photo Copy)** - Authentic copy from state office of vital records/ statistics. Note: PreK3, PreK4, & K applicants must be three(3), four(4), or five(5) years old by Sept 1st of the enrollment year. *Include adoption records or proof of guardianship*
- ☐ **Baptismal and 1st Communion Certificate (Photo Copy)** -If applicable
- ☐ **Home Language Survey** –Complete and sign top portion
- ☐ **Standardized Test Results, Report Cards** - most recent school and prior year(s) results (K-8)
- ☐ **“Request For Student Information” & “Student Recommendation”** forms- Complete and sign top portion and forward to current school (PK-8).
- ☐ **Letters of Recommendation:**
 - Your **Pastor or Minister** (*only if you are not a parishioner of Saint Anthony Catholic Church*)
 - Child’s **previous / current school’s** professional staff (Principal, Counselor, or recent Teacher) see forms in packet
 - Personal letters of recommendation are **optional**
- ☐ **“Pledge of Faith & Support” Form & Tuition Agreement**-Sign and submit along with **all other forms** in packet

Note: Saint Anthony Catholic School does not discriminate against students with disabilities. The school provides minor adjustments necessary to accommodate students with disabilities. A delay in disclosing a student’s disability and/or an accommodation request may delay or impede the school’s ability to make certain accommodations. Parents/guardians are therefore strongly encouraged to disclose student disabilities and requested accommodations prior to registration in school. See page 2 of application.

Due At Time Of Acceptance

- ☐ **Immunization & Health Exam Records** (Immunization Form DH #680 and School Entry Health Form DH# 3040) Students with summer birthdays may submit health forms after receiving their annual checkup/shots. No Student will be able to attend classes until records are submitted. **No “Religious Exemption”** from immunization will be accepted. An Athletic Physical Exam (completed after June 1st) will also be required for grades 5th – 8th if they wish to tryout or participate in an athletic sport.
- ☐ **Registration Fees and Required Payments** (See Tuition Fees Schedule).

Special Notes

- Any applicant that was ***not*** accepted for prior year’s enrollment **must** submit a new application and **Application Fee of \$50.00** per child to maintain active status on the Registration Waiting List.
- We cannot guarantee that spaces will be available for **all** siblings to start in the same school year.
- An **interview and screening** will be requested as part of the enrollment process.
- Pre-K3 & Pre-K4 students must be potty trained.
- The school is authorized under Federal law to enroll nonimmigrant alien students. (8 C.F.R &214.3(j))

Consideration for Admission Based on Availability

- Practicing parishioners at Saint Anthony with siblings already enrolled at the school
- Practicing parishioners at Saint Anthony Catholic Church
- Students coming from other Catholic Schools with a letter from their Pastor and Principal
- Practicing Catholics Out-of-Parish with a letter from their Pastor or Principal
- Non-practicing Catholics who now wish to become active practicing Catholics
- Non-Catholics

Dbase ☐ Office Use Only FACTS ☐
Family Billing # : _____
Siblings Apps Gr: _____
Screening: _____ / _____ : _____
Start date: _____ / _____ : _____



Saint Anthony Catholic School

New Student Application Form

School Year 2023 - 2024

Entering Grade: _____

Student Applications Due by **Feb 3, 2023**

☐ New ☐ Returning ☐ Previously Applied

\$50 Application Fee due with completed form

Student Information

Last Name	First Name	Middle	Nickname	Date Of Birth _____/_____/_____ (Month) (Day) (Year)
Address	City	State	Zip Code	Home or Primary Phone (_____) _____ - _____

Gender: ☐ Male ☐ Female **# Siblings:** _____ ☐ None

Family Parish and Church Membership

Student Information

Social Security #: _____ - _____ - _____ ☐ None

Religion: ☐ Catholic **Baptized:** ☐ No ☐ Yes ____/____/____

☐ Other Religion: _____

First Communion: ☐ No ☐ Yes **Confirmation:** ☐ No ☐ Yes

☐ St. Anthony Catholic Church **Envelope #** _____

Registered Member Since _____

☐ Other Parish: _____ ☐ None

Mass Attendance:

☐ Regular

☐ Frequent

☐ Seldom

Special Medical Needs

☐ No ☐ Yes (Indicate On Back)

Student Ethnicity and Race

Hispanic: ☐ Yes ☐ No

Haitian: ☐ Yes ☐ No

☐ American Indian / Native Alaskan

☐ Asian

☐ Black or African American

☐ Native Hawaiian / Pacific Islander

☐ White

☐ Multi-Racial (two or more races)

Current School: (Name) _____ Grade: _____

(Addr): _____ Special Program(s): _____

(see other side regarding accommodations)

Emerg. Contact: (other than parent) _____ Relationship: _____

Primary Phone # (_____) _____ - _____ or (_____) _____ - _____

Custodial Parent / Guardian Information (student resides with)

☐ Deceased

Father /Guardian /Partner

☐ Stepfather

Name: _____
(Last) (First) (Middle)

Employer: _____ ☐ Self (Business): _____

Occupation: _____ Title/Rank: _____

Work Phone# _____ Cell# _____

Email: _____

Religion: _____ **SACS Alumni:** ☐ Yes → Yr: _____

Educ: (Highest Gr/Degr) _____ Military: _____

Marital Status: ☐ Single ☐ Widowed ☐ Married ☐ Separated ☐ Divorced ☐ Remarried

☐ Deceased

Mother /Guardian /Partner

☐ Stepmother

Name: _____
(Last) (First) (Middle)

Employer: _____ ☐ Self (Business): _____

Occupation: _____ Title/Rank: _____

Work Phone# _____ Cell# _____

Email: _____

Religion: _____ **SACS Alumni:** ☐ Yes → Yr: _____

Educ: (Highest Gr/Degr) _____ Military: _____

Marital Status: ☐ Single ☐ Widowed ☐ Married ☐ Separated ☐ Divorced ☐ Remarried

Family Label: (Mailings) ☐ Mr. & Mrs. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other: _____

Student Lives With: ☐ Both Parents ☐ Father ☐ Mother ☐ Shared* ☐ Guardian: _____

Are there **legal/court restrictions** that affect access to this student or his/her records? ☐ Yes ☐ No

***Please provide shared custodial / separate-household parent information on reverse side.**

Do **Not** Publish ☐

Are there **Legal/court restrictions** that affect access to this student or his/her records? ☐No ☐Yes (provide copy)

Please attach or ***explain*** any special medical needs or physical limitations / precautions that the school should consider.

EpiPen: ☐No ☐Yes

Previous School: _____ **Current Grade:** _____ **Reason For Leaving:** _____

Saint Anthony Catholic School does not discriminate against students with disabilities. The school provides minor adjustments necessary to accommodate students with disabilities. A delay in disclosing a student's disability and/or an accommodation request may delay or impede the school's ability to make certain accommodations. Parents/guardians are therefore strongly encouraged to disclose student disabilities and requested accommodations prior to registration in school. Such disclosures should be made to Registrar at (954)525-8851.

The Archdiocese of Miami is authorized under federal law to enroll non-immigrant alien students and issue I-20 certificates for students to obtain F-1 status. If you need assistance, please let the school know at registration. It is our responsibility to remind all families that the Immigration Naturalization Services will not permit a student to attend classes who is in the country on a Tourist (B-1 or B-2) Visa. Ordinarily, a family wishing for their child to come to this country to study applies for a student Visa (F-1) before they are allowed to attend classes in a school in the United States. A school is not allowed to enroll a child who is in the country on a Tourist Visa (B-1 or B-2).

Please Note: Applications must be presented with **all other requirements** in order to be considered. An application is ***not a guarantee of acceptance*** into Saint Anthony Catholic School.

Signature Required



Registering Parent Signature

Date _____

CONSENT TO ENROLLMENT Unless advised to the contrary, Saint Anthony Catholic School will presume that a parent who enrolls his/her child as a student is the student's custodial parent, and that the enrolling parent has the right to enroll the child at Saint Anthony School and/or the consent of the other parent to do



Archdiocese of Miami

Office of Catholic Schools

HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No. _____

Student Name _____
Last First Middle

Date of Birth ____/____/____ Grade ____ Parent Language ____ Student Language ____
Month Day Year

Date Entered U.S. School: ____/____/____
Month Day Year

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

1. Is a language other than English used in the home? Yes ☐ No ☐
2. Did the student have a first language other than English? Yes ☐ No ☐
3. Does the student most frequently speak a language other than English? Yes ☐ No ☐

School _____ Date _____ Parent/Guardian Signature _____

ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D. _____

Nombre del Estudiante _____
Apellido Nombre Inicial

Fecha de Nacimiento ____/____/____ Grado ____ Lengua Paterna ____ Idioma del Estudiante ____
Mes Día Año

Fecha de Entrada a la Escuela de los Estados Unidos: ____/____/____
Mes Día Año

Si responde "Sí" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

1. ¿Usan en su casa algún otro idioma que no sea el Inglés? Sí ☐ No ☐
2. ¿Tuvo el estudiante una lengua materna distinta al Inglés? Sí ☐ No ☐
3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? Sí ☐ No ☐

Escuela _____ Fecha _____ Firma del Padre/Madre _____

SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La _____

Non Elèv la _____ Non fanmi _____ Non

Dat Fèt li ____/____/____ Klas ____ Lang paran Yo ____ Lang Elèv La ____
Mwa Jou Ane

Dat ou Antre U.S. Lekòl: ____/____/____
Mwa Jou Ane

Si repons lan se "Wi" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

1. Eske yo sèvi ak yon lang ki pa Anglè lakay li? Wi ☐ Non ☐
2. Eske elèv la te genyen yon premye lang anvan Anglè? Wi ☐ Non ☐
3. Eske elèv la abitye pale yon lang ki pa Anglè? Wi ☐ Non ☐

Lekòl _____ Dat _____ Sityal Paran _____



Saint Anthony Catholic School

Request for Student Information

Name of Student:

Current Grade

Last

First

Middle

I give permission to :

School Name

Street Address

City

State

Zip

for release of school information concerning my child to Saint Anthony Catholic School.

Parent Signature

Date

To the Principal, Counselor or Teacher:

The above named student has applied for admission to Saint Anthony Catholic School. Kindly complete this form, attach a copy of the student's most recent progress report and **standardized test results**, and mail to the attention of the School Registrar.

The information presented on this form will be used in support of documentation provided in the student's application.

Student Is Progressing At Current Grade Level		Kindly evaluate and place additional comments / explanations on the reverse side.	
Social Development	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work habits are at grade level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mathematics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your school make any special accommodations for this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student missed more than 10 days of school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language Arts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student eligible to enter your school next term?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I recommend this candidate for admission: ☐ with confidence ☐ with reservation ☐ I do not recommend

Standardized Test Results: ☐ Attached ☐ No testing available

Current IEP? ☐ Yes ☐ No

Kindly indicate on the **reverse side** any areas of concern or information that you feel would be helpful in our evaluation of the applicant:

Signature

Title

Date

Print Name

Daytime Phone



Saint Anthony Catholic School

820 NE 3rd Street, Fort Lauderdale, FL 33301
Phone: 954-467-7747 Fax: 954-901-2601



Student Recommendation Form

To Be Completed by Current School

Student: _____ Current Grade: _____ is a prospective student applying for admission to Saint Anthony Catholic School. Please complete and return this form at your earliest convenience.

General Information	Excellent	Above Average	Average	Below Average	Poor	Not Applicable
Attendance						
Behavior / Discipline						
Critical Thinking Skills						
Homework / Study Habits						
Honesty / Integrity						
Maturity Level						
Organizational Skills						
Parental Support						
Peer Relationship						

Please rate the student in the following academic areas:

Language Arts	Excellent	Above Average	Average	Below Average	Poor	Not Applicable
Grammar						
Oral Reading						
Quality of Written Work						
Reading Comprehension						

Math	Excellent	Above Average	Average	Below Average	Poor	Not Applicable
Computation						
Logical Thinking Skills						
Math Concepts						
Overall Math Ability						

Science	Excellent	Above Average	Average	Below Average	Poor	Not Applicable
General Science Ability						

How long have you known this student and in what capacity? _____

Is this student receiving special instruction, services, or tutoring? _____

Does this student have an IEP or Psychological Evaluation on file? (explain) _____

Does this student perform ☐ at ☐ above or ☐ below his/ her grade level?

Please add any comments that would be beneficial to the student and assist us in making the most appropriate placement.

Attach a separate sheet if necessary.

School Name _____ Phone Number: (_____) _____ - _____

Print Name _____ Signature: _____

Position or Title _____ Date: ____/____/____

*Please mail or fax this form to our Admissions Office
Thank you for taking the time to complete this recommendation*



ARCHDIOCESE OF MIAMI

Saint Anthony Catholic School

If applicable

PRESCRIPTION MEDICATION RELEASE FORM

PARENT REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

In order for Saint Anthony Catholic School personnel to dispense medication to your child, this completed form, along with the medication is to be brought to the school by the parent or student. Prescribed medication/treatment may be administered by designated school personnel. The medication should be brought to the school in the original container appropriately labeled by the pharmacy.

NOTE: Prescribed asthma inhaler may be kept by the student and self-administered if a physician indicates the need in writing and considers the student sufficiently responsible. In addition, the physician should list any precautions to be followed on this form.

Student Name:		ID:	
		Grade:	

Allergies:

Name of Medication:	
Reason for Medication:	
Dosage:	
Form of Medication/Treatment:	<input type="checkbox"/> Tablet/Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhaler <input type="checkbox"/> Injection <input type="checkbox"/> Nebulizer <input type="checkbox"/> Other:
Time Medication is given:	
Restrictions and/or Important Side Effects:	<input type="checkbox"/> None anticipated <input type="checkbox"/> Yes, please describe:
Special Storage Requirements:	<input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Locked storage
Special Administration Procedures:	<input type="checkbox"/> None <input type="checkbox"/> Crush pill <input type="checkbox"/> With Food
Start Medication Date:	
Stop Medication Date:	

I, the undersigned, the parent/guardian of _____, request that the above medication or procedure be administered to my child. I release the school personnel and the school district from liability stemming from adverse reactions and all other adverse effects which may occur because of administering the aforementioned medication.

Parent/Guardian signature:		Date:	
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Saint Anthony Catholic School



Parents Pledge of Faith and Support

Year 2023 - 2024

I/We the undersigned parent/guardian(s) do hereby pledge my/our support and cooperation to Saint Anthony Catholic Church and School as outlined herewith.

- **Parishioner Pledge of Faith:**

1. As primary example for my/our child(ren), I/we agree to practice my/our Faith and encourage attendance at Mass and the reception of the Eucharist on Sundays and Holy Days.
2. I/we agree to take an active, meaningful part in my/our child's spiritual growth through daily prayer and other spiritual activities and continue to practice the Christian virtues in our home.
3. I/we understand, as parents/guardians that we are expected to attend the sacramental group meetings in preparation for my/our child's First Reconciliation, First Communion, and Confirmation.

- **Tuition Commitment and Support:**

1. I/we fully understand the instructions regarding the rates, payment terms/options, and due dates of tuition and mandatory fees as indicated and administered through the FACTS partnership. If I/we withdraw my/our child after classes have begun, the entire quarterly balance will be immediately due and payable. I/we further understand that report cards and cumulative records of my/our child will not be released to any other school until financial obligations have been fulfilled.
2. I/we fully comprehend that parishioners of Saint Anthony Catholic Church and neighboring parishes (without schools) who participate in the faith life of the parish by giving fully of their time, talent and treasure and by the regularly attending Sunday Mass and Holy Days of Obligation will continue to be eligible for a **discretionary tuition reduction** consistent with mass attendance, contributions, and service.
3. I/we understand that Tuition alone does not pay for the total cost of educating a student. I/we agree to support our school through the **Annual Giving Campaign** to the best of my/our ability.
4. **Parent Service Hours:** I/we agree to participate and serve the requested hours through School approved activities and programs, including the Home & School Association fundraising events as outlined in the family handbook.

- **Media Release:** I/we give Saint Anthony School authority to use photographs of my/our child(ren) for Saint Anthony School promotional purposes including but not limited to brochures, video, newspapers, web pages, and photographs.

- **Emergency Medical Release:** I/we as parent(s)/guardian(s) give permission in case we are unable to be reached, for my/our child(ren) to be treated by an emergency medical team and transported to the nearest hospital if necessary.

- **School Counselor Release:** I/we as parent(s)/guardian(s) give permission for the consulting school counselor, with the authorization of the School Principal, to review my/our child's(ren) records, observe my/our child(ren) in the classroom and consult with his/her teacher for academic needs assessment and planning.

I/we agree with the above and further agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook and to uphold the policies of the Administration, Faculty and Staff, to abide by the School's philosophy and guidelines, and to be respectful of the School's procedures. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

Print Student(s) Last Name

Signature of Parent (1)

Print Student(s) First Name(s)

Signature of Parent (2)

Entering Grade(s)

Date



Saint Anthony Catholic School

820 NE Third Street, Fort Lauderdale, FL 33301



TUITION AGREEMENT 2023-2024

Please read carefully and select your tuition payment option. Monthly Installments will be scheduled unless otherwise indicated. The school will automatically roll over the FACTS payment plan for subsequent years. Kindly contact the Admissions Office to request consideration for a special payment option to better meet your needs.

Payment Plan Options:

Option 1 One-Time Payment in Full

- ☐ To be paid in full prior to the first week of school through FACTS Management or directly to the school by either cash, check or money order

Option 2 Installment Payment Plan through FACTS Management. Please select the number of installments.

- ☐ Monthly (11 installments - June through April)
☐ Quarterly (June, Sept, Dec, Mar)
☐ Semiannual (due June and December)

All installment payments must be processed and paid through FACTS Management Company by either:

1. Automatic Electronic Funds Transfer from a designated checking or savings account; or
2. Credit Card (convenience fees will apply); or
3. FACTS Monthly Invoice – Mail check directly to FACTS or use online access to make payments

I acknowledge that I have read, understand and agree to the 2023-2024 tuition and fee schedules and payment obligations detailed in my tuition statement. In exchange for the admission of my child(ren) in Saint Anthony Catholic School, I hereby agree to pay, as scheduled, the net tuition due.

I further understand that I am responsible for the full balance of tuition and any related fees regardless of any scholarship awards that may be available. Should such scholarship awards not cover the entire balance due or otherwise not become available or used to cover the full tuition expense, I understand and acknowledge that I remain responsible for the full amount of tuition and fees.

At the end of each quarter, parents with past due tuition/fees balance will be notified by the school finance office of the past due amount and the minimum payment required. If all financial obligations are not current, the school will:

- Not allow the student to take mid-term/final exams.
- Block the online grade view for both the student and parent.
- Not issue report cards, diplomas and/or transcripts.
- Disenroll the student from the school.

Families wishing to withdraw its child from the school in the middle of a quarter are required to pay tuition and fees through the end of the quarter. Grades will not be released until the tuition and fees have been paid in full.

Furthermore, I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

Print Student(s) Last Name	
Print Student(s) First Name(s)	
Entering Grade(s)	_____/_____/_____ Date

Print Parent(1) Name	
Parent(1) Signature	
Print Parent(2) Name	
Parent(2) Signature	



Saint Anthony Catholic School

After School Program

Guidelines 2023 - 2024

- ❖ Children not picked up from school by 2:50 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 on NE 2nd Street. Parents must walk up to the gate and we will call for your child.
- ❖ 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.
- ❖ If a child is going home with someone else, a parent must put the change in the school dismissal management app and notify the Aftercare Director. 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

609-509-1119

m.cunningham@stanthonyftl.org

Saint Anthony Catholic School

After School Program

Registration Form 2023-24

Optional 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