

Saint Andrew Catholic School

9990 NW 29th Street
Coral Springs, FL 33065

Phone (954)753-1280

Fax (954) 753-1933

Msgr. Michael Souckar, Pastor

Kristen B. Hughes, Principal

December 10, 2015

Dear Parents of Saint Andrew Catholic School:

Beginning on January, 4, 2016, the After School Care Program (ASC) for students in PK2 through eighth grade will begin. Saint Andrew Catholic School wants to welcome our new ASC Director Mrs. Sheryl Jarlock.

This change will allow the After School Care Program to benefit from all that Saint Andrew School has to offer. Students in ASC will be engaging in age appropriate activities such as: allotted time for homework, homework help, sports, arts & crafts, and other academic activities, all in a manner that is consistent with the mission and vision of Saint Andrew Catholic School.

Saint Andrew Catholic School strongly encourages sending your child with a healthy snack and drink each day. PLEASE NOTE THAT ASC IS A STRICT PEANUT/TREE NUT FREE ZONE. In consideration of children with severe allergies please do not send any food containing nuts.

For your budgeting purposes, fees will remain unchanged through the current academic year. The charge for Saint Andrew Students K-8 is \$150.00 per month. Pick up will be at 6:00pm sharp. Additional fees will be charged if pick up is later than 6:00pm.

Please fill out the attached registration form and return with payment of \$150.00 by December 18th so your child can start in January.

All checks should be made payable to SACS (Saint Andrew Catholic School).

Thank you!

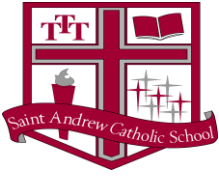
Sincerely,

Kristen B. Hughes, Principal



Accredited by the Florida Catholic Conference





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AFTERCARE PROGRAM

2015-2016 School Year

954-753-1280 ext. 184

PASSWORD_____ (for security)

Student Name_____ Grade _____

Home Address_____

Father's Name_____

Home#_____ Cell#_____ Work#_____

Mother's Name_____

Home#_____ Cell#_____ Work#_____

Name and age of all siblings_____

EMERGENCY CONTACTS:

Name_____ Tel # _____

Name_____ Tel# _____

Other people permitted to pick up child:

Name_____ Tel# _____

Name_____ Tel# _____

Name_____ Tel# _____

PLEASE LIST ANY ALLERGIES OR SPECIAL NEEDS:_____

Signature of Parent_____

Printed name of Parent_____ Date_____