



# After School program



- After School Care Program (ASC) offered Pre- K – 8<sup>th</sup> grade students
- ASC will begin on August 13, 2024
- ASC open from 3:00pm – 6:00pm (subject to change depending on school schedule)
  - 2:30pm for Pre-school
- First Friday of very month ASC offered 12:00pm-6:00pm (if not enrolled in ASC \$30 per day)
  - Please provide snack & lunch – pizza & snacks can be purchased for \$7.00 (due day before)
- Students will engage in age appropriate activities: sports, arts & crafts, computer time, board games, and watch age appropriate movies. We also offer time to work on homework.
- A snack and drink are offered daily\*\*\* ASC IS A STRICT PEANUT FREE ZONE\*\*\*

### **Financial Information**

- \$265 per month –August to May - Due the 1<sup>st</sup> of every month
- Sibling discount offered – 10% per child
- \$35 registration fee per child ( to be paid with 1<sup>st</sup> month’s fee)
- There will not be any reimbursement for absences
- Late pickup fee after 6:00pm -- \$1.00 per minute late
- Any student in K-8<sup>th</sup> grade who is not picked up after 3:00pm dismissal will be brought to ASC. There will be a charge of \$30.00 for that day.
- Pre-school: any child not picked up by 2:45pm will be taken to aftercare and charged a late fee.
- All accounts MUST be kept current, if account is 30 days in arrears, other arrangements will have to be made for your child/children
- Any financial questions, please call Mrs. Valdes, 954-905-6302 or email at [mvaldes@sacccs.org](mailto:mvaldes@sacccs.org)

If interested, please complete the attached Registration form and return with \$35.00. We accept cash, check, credit card (form attached) or payment via SmartTuition. There will be a \$50 for any returned checks

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Acknowledgement of terms and agreement: I have read and agree to adhere to the terms of this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Saint Andrew Catholic School

9990 NW 29<sup>th</sup> Street  
Coral Springs, FL 33065

Phone (954)753-1280

Fax (954) 753-1933

Msgr. Michael Souckar, Pastor

Kristen B. Hughes, Principal

## Registration

### AFTER SCHOOL CARE PROGRAM

2024-2025 School Year

954-905-6384

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 \_\_\_\_\_



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## AFTER SCHOOL CARE PROGRAM 2024-2025

Student(s)

Name: \_\_\_\_\_

Grade(s): \_\_\_\_\_

RE: AUTO PAYMENT - SMART TUITION

For the months of August – May, please deduct \$265 on the 1<sup>st</sup> of the month.

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

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