After School program







- After School Care Program (ASC) offered Pre- K - 8th grade students
- ASC will begin on August 11, 2026.
- 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.
- Please pack a snack and drink for your child daily*** ASC IS A STRICT PEANUT FREE ZONE***

Financial Information

- $325 per month -August to May - Due the 1st of every month or
- Three days per week, $195 for /month.
- Sibling discount offered - 10% per child.
- $35 registration fee per child (to be paid with P1 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-8th 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 rnvaldes@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 FACTS. There will be a $50 for any returned checks

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 29th Street
Coral Springs, FL
33065

Phone (954)753-1280 Fax(954)753-1933
Msgr. Michael Souckar, Pastor Dr. Renée Sarmiento, Principal

Registration

AFTER SCHOOL CARE PROGRAM 2026-2027 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 2026-2027

Student(s)
Name: _____

Grade(s): _____

RE: AUTO PAYMENT - FACTS

For the months of August- May, please deduct $325.00 on the 1st of the month.

Print: _____ Signature: _____

Date: _____