

**SAINT PAUL THE APOSTLE SCHOOL
AFTER-SCHOOL CARE PROGRAM REGISTRATION FORM
2021-22 SCHOOL YEAR**

Student(s) Name:

Grade:

I would like to enroll my student(s) in:

- Full-time (4-5 days per week) -- \$220/month (paid through your FACTS account on a monthly basis)
- Part-time (3 days a week) -- \$165/month (paid through your FACTS account on a monthly basis)
- Limited time (1-2 days a week) -- \$105/month (paid through your FACTS account on a monthly basis)

** The second student pays 50% of the rate and the remaining students pay 25% of the rate.

Drop-in:

The drop-in fees will be collected at pick up time with a credit card or ApplePay. The drop-in rate, as needed, per student is: \$10/hour beginning at 3:30 p.m. The rate is charged in hourly increments. On a regular dismissal day for one student:

- Pick up from 3:30 - 4:30 -- \$10.00
- Pick up from 4:30 - 5:30 -- \$20.00
- Pick up from 5:30 - 6:00 -- \$25.00

In the event that I cannot be reached, I understand my designated emergency information will be used and I hereby grant my consent to have medical treatment administered to my child at the discretion of the attending physician at UCLA Medical Center and/or the paramedics who respond at the scene.

I agree to pay a late fee of \$10 per minute after 6:00 p.m. Habitual late pick-up may result in dismissal from the use of the After-School Care Program.

It is critical that you pick up by 6:00 p.m. In addition to keeping our After-School Care staff from leaving, we also keep the security officer from leaving until every student has been picked up.

Parent/Guardian signature: _____ Date: _____