

St. Luke's After School Care

2017-2018 Registration Procedures

- Registration for the 2017-2018 After School Care year begins **March 27, 2017** for St. Luke's church members, currently enrolled ASC students, St. Luke's Day School students, & St. John's School students.
- Open registration begins April 10, 2017. Registration will continue from this day forward, until ASC is full.

To reserve a place for your child, turn in the following:

- 1) Pick up registration packets in the After School Care office located inside the Activities Center (across from the gymnasium) and complete all forms. Forms may also be downloaded from our website and faxed to **713-961-7216**. Your application will not be processed until payment and ALL paperwork is received.
- 2) **All required paperwork must be submitted at the time of registration. We will not accept any partial paperwork. No exceptions!**
- 3) When registering, return the completed forms, the **Non-Refundable Registration Fee**, and **Non-Refundable payment for the month of August**. Make checks payable to St. Luke's ASC, and please write your child's name on the bottom of the check.
- 4) Your child's current immunization record must be submitted. No child will be allowed to attend ASC or field trips without these forms. **Authorization for Medical Care form needs to be notarized.**

The registration fee and August payment are NON-REFUNDABLE.

Outstanding balances for any church program must be paid in full before ASC registration.

No refunds are given when your child is absent or when the center is closed due to holidays or bad weather.

We are looking forward to having your child in our program. If you have any further questions, please drop by or call 713-402-5075.

Parent Orientation:

Thursday August 17, 2017 from 12:00 -1:00 pm. Please plan to attend!

St. Luke's After School Care

2017-20178 Payment Guidelines

I. Fees (per child)

Registration Fee (Non-Refundable)

St. Luke's Member:	\$50.00
Non-Member:	\$100.00

Tuition (per month)

	1 st Child	2 nd Child
Aug.-with transportation:	\$100	\$80
Aug.-without transportation:	\$80	\$60
Sept-May with transportation:	\$420	\$360
Sept-May without transportation:	\$360	\$300

All Day Care (per day) 7:30a.m. – 6:00p.m. on most school holidays.

Current ASC students	\$60	\$60
Returning but not currently enrolled students	\$75	\$75

II. Payment Policies

In addition to cash and checks, we also accept debit and credit cards (MasterCard and Visa only). Please see the ASC office if you would like to have your account charged monthly.

All tuition payments are due at the **beginning of each month**. A late charge of **\$20.00** will be added when payment is received **after the 15th of each month**.

The non-refundable registration fee and non-refundable deposit payment for 1 month are due at registration. No student will be allowed to attend if accounts are not current.

After School Care will run from August 28, 2017 – June 1, 2018 with August tuition of \$100 and 9 monthly equal payments of \$420. **December will not be pro-rated.**

Tuition checks should be made payable to **St. Luke's ASC** and brought/mailed to the After School Care office. Please write the child's name on the lower left corner of the check.

No refunds will be given when your child is absent or when the center is closed due to holidays or bad weather.

A **\$30.00 charge** will be applied to any **returned checks**.

A late pick-up fee of **\$5.00 per minute per child will be assessed after 6:05p.m. (Only cash will be accepted.)**

If your child(ren) will not be needing transportation, please call the After School Care office by 2p.m. the day of their absence at 713-402-5075. If not, a **\$20.00 Failure to Notify Fee** will be charged to your account.

If you sign up for an All Day Care, you will be charged for that day regardless of attendance. The only exception will be for cancellations made in writing, no later than **two weeks** before the All Day Care date.

III. Withdrawals

If it becomes necessary to withdraw your child, the parent should inform the Director in writing at least **two weeks** before the date of withdrawal.

After School Care Registration Form

Please **PRINT** all information.

Child's Full Name: _____ Height: _____ Gender: _____

Birthday: ____/____/____ Home Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Child's Grade while attending this program: _____

School: _____ School Phone #: _____

School Address: _____

Parent 1 Name: _____ Parent 1 Home Phone #: _____

Parent 1 Cell Phone #: _____ Parent 1 Office Phone #: _____

Parent 1 Address(if different from child's): _____

Parent 1 E-mail Address: _____

Parent 2 Name: _____ Parent 2 Home Phone #: _____

Parent 2 Cell Phone #: _____ Parent 2 Office Phone #: _____

Parent 2 Address(if different from child's): _____

Parent 2 E-mail Address: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Emergency Contact Address: _____

Doctor's Name _____ Doctor's Phone # _____

Doctor's Address _____

ALL required paperwork must be submitted at the time of registration.

All applicants are subject to the approval of the After School Care Director. By signing below I certify that I have read and agree to the Payment Guidelines and Registration Procedure. I understand that the registration fee and tuition for the first month of care are due upon enrollment, and are NON-REFUNDABLE. Registration is open to all children regardless of race, ethnic origin, or religious preference.

I have received the Parent Handbook (Operational Policies) for St. Luke's After School Care.

I have provided a copy of my child's current Immunization Records to St. Luke's After School Care.

My child's health, hearing screening, & vision screening records are current and on file at the school my child attends.

T-Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L

St. Luke's United Methodist Church (Please CIRCLE): MEMBER or NON-MEMBER

Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Payment Method: Check Cash
 Credit Card (Visa OR MasterCard)
Registration Fee: _____
Tuition Deposit: _____
Amount Paid: _____

Check all submitted:
 Medical/Authorization for Treatment Form
 Immunization Record
 Parent Permission
 Pick-Up Authorization Card

Received By: _____

Date Admitted: _____

Authorization for Medical Care

If I cannot be reached to make arrangements for medical care for my child at the time of an illness or accident, I give permission for:

St. Luke's United Methodist Church After School Care / Summer Camp

- 1) to call 911.
- 2) to transport to Texas Children's Hospital.
- 3) to transport to the hospital of my choice, _____.

Child's Name _____

Family Health Insurance _____ Policy # _____

Signature of parent/guardian _____

Subscribed & sworn to before me this _____ day of _____, _____

(Notary Public Seal)

Notary Public _____
Harris County, Texas

**St. Luke's United Methodist Church
After School Care / Summer Camp
Parent Permission Form**

Program Activities: I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of St. Luke's After School Care/Summer Camp.

Field Trip Permission: I hereby give permission for my child to participate in the St. Luke's After School Care/Summer Camp field trips.

Permission for Transportation: I hereby give permission for my child to be transported by the St. Luke's After School Care/Summer Camp.

Permission for Water Activities: I hereby give permission for my child to participate in all water activities.

Publications & Media: I hereby give my consent for photographs and/or videos taken of my child to be used for education purposes, teacher training, or publicity of St. Luke's After School Care/Summer Camp.

Permission to Apply Mosquito Repellent and/or Sunscreen: I hereby give my consent for After School Care/Summer Camp employees to apply Off! and/or sunscreen to my child before participating in outdoor play.

Child's Name _____ **Current Grade** _____

Parent's Signature _____ **Date** _____

St. Luke's After School Care / Summer Camp Pick-Up Authorization

Child's Name _____ Grade _____ School Name _____

Child's Address _____

Parent 1 Name _____ Work# _____ Home# _____ Cell# _____

Parent 2 Name _____ Work# _____ Home# _____ Cell# _____

Emergency Name _____ Work# _____ Home# _____ Cell# _____

Emergency Name Address _____

May never pick-up your child: Name _____

Authorized to pick-up your child from St. Luke's After School Care / Summer Camp:

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

(see back →)

Please complete the below information:

Marital Status of Parents: Married _____ Separated _____ Divorced _____ Other _____

List any NON MEDICAL special needs or other important information the staff should know about your child:

Custody / Visiting Arrangements:

Allergies: YES NO Asthma: YES NO

If yes please list all allergies and their severity. Please see the front office to request an Allergy Action Form.
