



OUR LADY OF LOURDES CATHOLIC SCHOOL  
420 EAST FEE AVENUE  
MELBOURNE FL 32901  
321-723-3631

BEFORE/AFTER CARE GENERAL RULES  
2014-2015

**PHONE NUMBER: 321-412-8536**

**1. LOCATION AND HOURS:**

**After Care:** Parish Hall from dismissal until 6:00pm

**Before Care:** Parish Hall from 7:00am – 7:45am

**2. AFTER CARE SCHEDULE:**

3:00pm – 3:20pm Sign in and snack time

3:20pm – 4:00pm Homework, quiet time

4:00pm – 4:45pm Outside play, games, crafts

4:45pm – 6:00pm Inside and outside activities

Half days will be an extension of regular days.

**3. PAYMENT:**

**Charges:** \$4.00/child/hour

**Late Charge:** \$1.00/minute after 6:00pm

**Terms:** Payment must be made weekly.

**Past Due Accounts:** Accounts past due more than 15 days will be assessed a late fee of \$5 or 2% of the outstanding balance, whichever is greater.

4. Discipline follows the same rules as the school code of conduct.

**5. CHILD RESPONSIBILITIES:**

Follow the school dress code.

Check in and out.

Share with other children.

All physical activity outside. Child must stay within the school grounds.

Put balls, games, chairs away before leaving.

**6. STAFF RESPONSIBILITIES:**

Maintain discipline.

Check restrooms periodically.

Provide a wide variety of activities.

Apply first aid when needed.

**7. PARENT RESPONSIBILITIES:**

Pick up children on time.

Pay bill promptly.

Make sure your child follows the above responsibilities.



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BEFORE/AFTER CARE REGISTRATION  
2014-2015

Child's Name

First

Last

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's Name

Home Phone

Cell Phone

Mother's Employer Address

Phone

Father's Name

Home Phone

Cell Phone

Father's Employer Address

Phone

Other Persons Permitted to pick up your child(ren)

Name

Relationship

Phone # (3:00pm – 6:00pm)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons **NOT** permitted to pick up your child(ren)

Name

Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Information

_____
_____
_____

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BEFORE/AFTER CARE FINANCIAL AGREEMENT  
2014-2015

Student \_\_\_\_\_ Grade \_\_\_\_\_  
Student \_\_\_\_\_ Grade \_\_\_\_\_  
Student \_\_\_\_\_ Grade \_\_\_\_\_  
Student \_\_\_\_\_ Grade \_\_\_\_\_  
Student \_\_\_\_\_ Grade \_\_\_\_\_

Parents \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Financially Responsible Party \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Charges will be incurred hourly per student at a rate of **\$4.00/hour**. An invoice will be sent home with your child every Monday with the charges for the preceding week. These charges are due by Friday of the week in which the invoice is received. Any balances over 15 days past due will be assessed a late fee equal to \$5 or 2% of the outstanding balance, whichever is greater. **If your account is not kept current, your child will not be permitted to attend aftercare.** YOUR SIGNATURE INDICATES YOUR ACCEPTANCE AND OBLIGATION TO THE CHARGES INCURRED BY YOUR CHILD ATTENDING BEFORE/AFTER CARE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_