



After School Program Guidelines 2026 - 2027

- ❖ Children not picked up from school by 3:00 pm or when the gates close, will be sent to the Aftercare School Program and applicable fees will be applied.
- ❖ Children must be picked up and signed out of aftercare gate located on NE 2nd Street.
- ❖ In the event of an emergency or unexpected late pick-up, the parent or guardian must call and advise the Aftercare Director.
- ❖ Individual snacks will be given at approx. 4:00 pm to students. Children are welcome to bring their own snacks if they wish.
- ❖ There will be a late pick-up charge for each minute past last pick-up time of 5:30 pm. Habitual late pick-ups will not be tolerated, and you may be asked to make other arrangements for aftercare.
- ❖ Children must have written permission from a parent or guardian to go home with friends or another adult if not included on the aftercare registration form. ID must be presented before the student is released for pick-up. Last minute calls are not accepted.
- ❖ Aftercare charges are calculated weekly and billed monthly and will be added to your FACTS Tuition account. Your child will not be allowed to remain in the Aftercare Program if your account is delinquent.
- ❖ **Limited space for PK and Kindergarten** – Aftercare registration form must be pre-approved.
- ❖ A completed current Aftercare Registration Form is mandatory and must be on file before a child may attend Aftercare. PickMyKid is separate to Aftercare.

Aftercare Fees 2026 - 2027

Annual Registration Fee	\$50 Per family		
Capped Weekly Fee	1 child - \$50	2 children - \$70	3+ children \$90
Daily rate G1 to G8	\$12 per student per day once the gate is closed		
Weekly rate PK & Kindergarten	1 student - \$50 2 students - \$70 3+ students \$90 once the gate is closed		
Early Dismissal Day	\$5 extra per student		

Aftercare Contact Phone
609-509-1119
m.cunningham@stanthonyftl.org



**After School Program
Registration Form 2026-27**

Child's Name: _____ Grade: _____
Last First

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Last First

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Last First

Reason for Aftercare and Days required: (PK & Kindergarten subject to approval)

Home Address: _____

\$50.00 Registration Fee *Will be charged to your FACTS Tuition Account in the fall.*

Parents / Guardian Names:

_____ Contact Phone #: _____

_____ Contact Phone #: _____

Emergency Contact _____ Relationship _____

Phone #: _____

I hereby give _____ authorization to pick up my child from Aftercare.

My Child/ren _____
is/are covered under the School's Insurance Policy. Yes No

I will not hold St Anthony Catholic School liable for any injury, which may occur in the After School Program. I agree to pick-up my child/ren **by 5:30 pm.**

Parent/Guardian Signature

Date