

**If you need preschool after-school care, please contact Ms. Victoria Sims
to register at vsims@stalbert.org**

St. Albert the Great Play Café
St. Albert the Great Parish School
1395 Girard Drive
Louisville, KY 40222

Dear Parents,

Below is information regarding registering for the Play Café, St. Albert's after-school program, for the 2023-2024 school year. **The Play Cafe will be open to students in grades JK-5th grades only.**

Please read all of the information below before registering.

All forms must be printed on separate pieces of paper: no double-sided and no registration forms printed on the same page as the emergency medical form. One emergency medical form per child.

All families will be considered either part-time or full time. Children who attend 3 or less days per week will be considered part-time. Children who attend 4-5 days a week will be considered full-time.

1. For staffing purposes, you must indicate how many days and which days your child(ren) will be in attendance.
2. Once you designate the number of days and specific days of attendance, changes will not be permitted unless approved in advance by the director.
3. Parents may change their payment designation of part or full time only **one time** per year. Other changes will be at the director's discretion.
4. The monthly fees for the 2023-2024 school year are posted on the registration form. All fees will be deducted automatically through the FACTS payment system on the 15th of each month. Information on how to sign up for FACTS will come through the parish. Fees are subject to change.
5. All children attending the program are required to have 2 Hepatitis A shots as dictated by state licensing regulations. These must be noted on the immunization certificate.
6. To register please complete and submit the following documents:
 - A. The registration form. (see below)
 - B. The emergency medical form. (see below)
 - C. A current copy of your child's KY immunization record. Please be sure that the immunization record is up to date and not expired.

D. A check, payable to St. Albert the Great, in the amount of \$30. This is a per family non refundable registration fee. **Cash will not be accepted.** Please note Play Cafe registration in the memo section.

A child is not considered registered unless all of the documents listed above are received and complete.

If you have questions, please contact me at the address below.

Sincerely,
Ellen Burton, Director

eburton@stalbert.org

Cc: Mrs. Ellen Martin, Principal
Mrs. Debbie Abbott, Asst. Principal
Mrs. Lisa Kleyer, Parish Bookkeeper

**** See below.****

St. Albert the Great Play Café After-School Program
St. Albert the Great Parish School
Application 2023-2024

This form is after-school program registration for children entering grades JK-Grade 5.

If you are interested in your child(ren) attending St. Albert's after-school program, the Play Café, during the 2023-2024 school year, please fill out the form below and **return it with a \$30 per family non-refundable/non-creditable deposit.** Payments must be in the form of a check. **Checks are to be made payable to St. Albert the Great with Play Cafe application noted in the memo section.** **Be sure to include the other required documents: emergency medical form and Ky immunization with this application.** **Applications are not complete until ALL documents are received.** Please read and complete the form carefully. Submitting an application does not guarantee placement. Space is limited and **spots will be reserved on a first-come, first-serve basis and are dependent on program staffing.** If you have questions, please contact the director, Ellen Burton, eburton@stalbert.org

* If you have children in both the JK-5th and preschool programs, you will be billed the amount below that applies to you. It will not be two separate billings.

CURRENT MONTHLY FEE SCHEDULE (SUBJECT TO CHANGE)

Part time= 1-3 days of attendance each week
Full-time= 4-5 days of attendance each week

<u>No. of Children</u>	<u>Part-Time Fee</u>	<u>Full-Time Fee</u>
1	\$225/month	\$260/month
2	\$310/month	\$345/month
3	\$370/month	\$450/month
4	\$465/month	\$520/month

Family Name _____
Address: _____
Phone no. _____ Email _____

JK-5 Child(ren's) name: _____ Grade level (2023-2024) _____

Number and days of attendance each week:

Please designate your child's number of and specific days of attendance. Any changes to the schedule must be approved in advance by the Director. Fees will be deducted through the FACTS system on the 15th of each month.

_____ 5 days _____ 4days _____ 3 days _____ 2 days _____ 1 day
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

For billing purposes? Do you have a child(ren) that will attend after-school care on the preschool side?

Please list their name(s): _____

I, _____ understand the Play Café payment policy as outlined above.

Parent Signature

Date

St. Albert the Great Play Cafe Emergency Medical Form 2023-2024

Email Address for all communications (list one)

Child's Name: _____ Date of Birth: _____

Mother's Name _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____ Phone _____

Father's Name _____

Address _____

Home Phone (if different than mother's) _____ Cell _____

Employer _____ Phone _____

Child's Physician _____ Phone _____

Child's Medical Conditions (list all allergies to foods and medications as well as any other condition) **If no reactions or allergies put NONE-DO NOT LEAVE BLANK.**

If a reaction occurs, please list the reaction.

Hospital: _____ Norton Children's (Downtown) _____ Norton Suburban
_____ Norton Brownsboro East _____ Baptist East

Emergency Contacts: In the event of a **EMERGENCY** and I, the parent cannot be reached, please contact the following, and release my child to them if necessary:

Name _____ Home Phone _____

Cell Phone _____ Relationship to child _____

Name _____ Home Phone _____

Cell Phone _____ Relationship to child _____

I, _____ do hereby authorize St. Albert the Great's Play Café to seek medical attention for my child in the event I, the parent cannot be reached.

Full Signature (No electronic)

Date