

Play Cafe Registration 2025 – 2026

Here is your after-school program registration package and information. I must receive everything together to be considered registered. We do not accept electronic paperwork so please put all in an envelope to my attention and drop it by the school office or when picking up your child (ren) at Play Cafe. The office is open from 9 – 12 each day, M- F. Please let me know if you have any questions?

Debbie Lynch, Director

Please read the form carefully. The following things are due together:

Please be sure each document is on their own page. Nothing front or back or run together.

Thanks !

1: The registration form

2: A check (payable to St. Albert the Great) in the amount of \$35 (per family). Please write in the memo section: PC registration (2025 – 2026). Do NOT make checks payable to Play Cafe. Cash will not be accepted and payments cannot be withdrawn through FACTS.

3: The emergency medical form one per child you are registering. (This should be it's own page.)

4: A current copy of your child's immunization record.

If you have a child that will attend after – school care on the preschool side next year, that is a separate registration. Please contact the preschool regarding that, but for billing purposes only, you must designate it on my form.

If you have any questions, Please let me Know.

dlynch@stalbert.org

**If you need preschool after-school care, please contact Ms. Victoria Sims
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 2025 - 2026 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 must designate 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. 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 at any time.**
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 \$35. 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,
Debbie Lynch, Director

dlynch@stalbert.org

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

St. Albert the Great Play Café After-School Program Registration Form
 St. Albert the Great Parish School
 Application 2025-2026

CURRENT MONTHLY FEE SCHEDULE

Part time= 1-3 days per week Full-time: 4-5 days attendance per week

Fees are subject to Change

<u>No. of Children</u>	<u>Part-Time Fee</u>	<u>Full-Time Fee</u>
1	\$230/month	\$270/month
2	\$320/month	\$355/month
3	\$380/month	\$465/month
4	\$480/month	\$535/month

Family Name _____

Address: _____

Phone no. _____

Email: (for all correspondence) _____

JK-5 Child(ren's) name:

Grade level (2024 - 2025)

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 _____ 4 days _____ 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? (YOU MUST REGISTER SEPARATELY FOR PRESCHOOL BUT INCLUDE THEIR NAME BELOW FOR BILLING.)

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 2025-2026

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) 629-4000

_____ Norton Suburban 893-1000

_____ Norton Brownsboro East 446-5000

_____ Baptist East 897-8100

Emergency Contacts: In the event of an **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