

Notre Dame Academy
After School Care
2025-26

Below is information regarding registering for Notre Dame Academy After School Care for the 2025-26 school year. Registration should be mailed or dropped off at school by July 15th. The office is open each Wednesday from 8:30 a.m. to 12 p.m.

Mailing address:

1927 Lewiston Dr.
Louisville, KY 40216

- NDA After School Care is open to all NDA students, Preschool to 8th grade.
- All Families will be considered full time there is no part time option available for ASC (contact me if only Friday is needed)
- The weekly fees for the 2025-26 school year are posted on the registration form. The weekly fee can be paid before each week begins or can be paid monthly in advance. Fees made be paid in cash or by check payable to NDA.
- Medical records and immunization forms must be up to date in the school office in order for a child to attend After School Care at NDA.
- Please submit your registration form, the emergency information sheet and a **\$30 PER FAMILY** nonrefundable deposit to the school office by July 15th. All checks should be made payable to Notre Dame Academy with ASC registration noted in the memo section.

Hours: 2:40 p.m. - 6:00 p.m.

The After School Care Program follows the same calendar as
Notre Dame Academy School

Ages: PK3 to exiting 8th grade

Program will provide snack

If you are interested in your child(ren) attending NDA's After School Care during the 2025-26 school year, please fill out the form below and return it with a \$30 per family non-refundable/non-creditable deposit. Checks are to be made payable to Notre Dame Academy with ASC registration noted in the memo section.

2025-26 Weekly Fees

Number of Children	Weekly Fee
1	\$65
2	\$105
3	\$120

Family Name: _____

Address: _____

Phone Number: _____

Email: _____

Name of Child	Date of Birth	Current Age	Grade for 2025-2026

I, _____, understand the Notre Dame Academy ASC payment policy as outlined above.

Parent Signature

Date

**After School Care
Emergency Information Sheet**

Child Names: _____

Parent/Guardian Names: _____

With whom does the child live? _____

Address: _____

Phone: _____ **E-mail:** _____

Father's Cell: _____ **Work:** _____

Mother's Cell: _____ **Work:** _____

Additional Emergency Contact in case either of the above cannot be reached:

Name: _____ **Phone:** _____ **Relationship:** _____

Pediatrician: _____ **Phone:** _____

To what hospital should the child be taken in the event of an emergency: _____

List Allergies or Medical Concerns: and if epi pen is needed

Child #1: _____

Child #2: _____

Child #3: _____

PARENTAL RESTRICTIONS: MY CHILD MAY NOT BE RELEASED FROM SCHOOL TO THESE INDIVIDUALS: (Must provide legal documentation when restricting a parent)

Signature of Parent/Guardian: _____ **Date:** _____