

St. Mark School
15724 Montrose Avenue
Cleveland, Ohio 44111
216-521-4115
stmarkwestpark.com

After Care Program 2017– 2018

- Information
- Registration Form

The Registration form must be completed and returned to the Parish Office by August 31, 2017

Director: Mrs. Dianne Gorsek

Times: 2:50 pm to 6:00 pm
(After Care is available on early dismissals, **NOT** the last day of School)

Fees: \$10 per day. Late Fees = \$5 for pick-up between 6:01 and 6:15pm, another \$5 from 6:15 to 6:30 and so on. The After Care staff is compensated for time after the usual closing time.
The billing and payments are handled through the Parish Office.

Attendance: There will be sign-in and sign-out sheets that must be filled out when the children arrive and leave everyday.

Emergency Information: Emergency contact information will be copied from the student packets in the school office files.

Payment and Participation Guidelines – Effective August 1, 2017

Statements: After Care Statements will be mailed, from the Parish Office, on a monthly basis. The statement will show all current charges, payments made and the outstanding balance due.

Payments: Payment is due upon receipt of the After Care Statement. The outstanding balance **MUST** be paid in full each month. If payment, in full, is not made each month, academic records including report cards will be held.

Participation: Your child or children will **NOT** be eligible to attend the After Care Program if your outstanding balance is not paid in full each month.

If you are experiencing financial difficulties then you must call and speak to Deacon Howard or Fr. John or the above guidelines will become effective.

Signature: By signing the attached registration form you are accepting and agreeing to follow the above After Care Guidelines.

St. Mark Catholic School

After Care Registration Form 2017 – 2018

Student's Name: _____ Grade: _____ Homeroom #: _____

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Days attending **After Care**:

Mon: __ Tues: __ Wed: __ Thurs: __ Fri: __ All Week: __ Occasionally: __

Will your child be attending After Care the first week of school? Yes ___ No ___

Parent's Name: _____

Env. ID# _____ Phone #: _____

Parent Signature of Acceptance

Parent's Signature: _____

Date: _____