



2023-2024 AFTER SCHOOL CHILD CARE PROGRAM

PARENTS OF ALL CHILDREN MUST COMPLETE AN AFTER-SCHOOL APPLICATION IF YOUR CHILD/CHILDREN REMAIN IN THE BUILDING AFTER DISMISSAL. All children who participate in any extra-curricular activity that does not begin immediately after dismissal must have an After School application on file.

This program runs from 2:20-5:30 p.m. for students at St. Mark School. Teachers/Caregivers supervise all activities. Mrs. Cindy Tippettt will be returning again this year as our Director.

Activities include Sports, Quiet and Active Games, Outdoor Activities, Arts and Crafts, Movies, and Homework Time. A snack is provided daily.

- o Fees: \$18 a day per child. (There is a \$6 discount for each additional sibling)
- o Children can only stay on the days they are in school.
- o A fee of \$10.00 a day is charged for those who stay one hour or less.
- o A fee of \$1.00 will be charged for every minute after 5:30 pm.
- o All children must be signed out from the afterschool log.
- o A \$15.00 fee will be assessed for past-due statements that are not paid in full each month.
- o Invoices that are past due by 30 days your child/children will not be allowed to attend.

Bills are sent home the first week of every month and must be paid on a monthly basis. If a family is not current with their monthly payment by the 1st of the following month after statements have been sent out, your child/children will not be able to attend the program until the balance is paid in full.

There will be a fee of \$15.00 assessed to your bill that has not been paid.

We would suggest that children attending the After School Program have a change of clothes for playing outside and in the gym. Please label all uniforms and clothing with your child's name.

The school must be notified in writing with a note to their teacher if their child/children will be staying on a particular day.

If your child/children participate in sports, music programs, or any other extracurricular activities that do not begin at 2: 20p.m, they must attend the After School Program. All children must be accounted for at all times by an adult and they are not allowed to roam the school without supervision. Children are given a snack and drink and may do their homework while they wait.

On the After School Program Registration Form, parents must indicate the names and phone numbers of all adults who have permission to pick up their child/children. School personnel will not release any child to anyone not listed on the registration form.

Parents will be notified in the event of an accident or sudden illness. If parents cannot be reached in a reasonable amount of time, an emergency contact listed on the After School Program Registration Card will be called. If a child requires emergency attention, After School personnel will follow the emergency instructions given on the back of the After School registration form.

(OVER)

Please pick up your child/children **AT DOOR #1 NEAR THE RECTORY.** Ring the bell above the door and After-School Personnel will let you in.

Please complete both sides of this registration form and return it to the School Office before your child/children participate in the After School Child Care Program.

I would like to register my child/children and days of attendance:

_____ **Full-time**

_____ **Part-time various days of the week**

Child's Name:

Days of the Week

_____ **_____ M _____ T _____ W _____ TH _____ F**

_____ **_____ M _____ T _____ W _____ TH _____ F**

_____ **_____ M _____ T _____ W _____ TH _____ F**

_____ **_____ M _____ T _____ W _____ TH _____ F**

In addition to the parents, the adults who are listed below have my permission to pick up my child/children at 5:30 p.m. or before. I understand that my child/children will not be released to anyone not indicated here unless a written note is sent to school. If parents cannot be reached in case of illness or accident, one of the adults listed below will be contacted to assume temporary care.

NAME

HOME PHONE

CELL PHONE

Mother's Name

Father's Name

Home Phone #

Home Phone #

Cell Phone #

Cell Phone #

Work Phone #

Work Phone #

By signing below you are agreeing to the terms and conditions of the St. Mark After School Child Care Program and agree to pay your bill in full on a monthly basis.

(Parent signature)

(OVER)



PARENT/LEGAL GUARDIAN PERMISSION SLIP

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in the **St. Mark After School Program** sponsored by St. Mark School. These activities will take place under the guidance and supervision of employees and volunteers from St. Mark School. A brief description of the activities is as follows:

Event/Location: St. Mark After School Program

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability and medical release information. As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result from actions taken by the named student.

LIABILITY RELEASE

I/We recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against St. Mark School and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and/or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

MEDICAL RELEASE

Our permission is hereby given to the representatives of St. Mark School to authorize by his/her signature, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

Student

Parent's Name/Signature

Address

Telephone Number

Emergency Contact/Telephone Number

Primary Care Physician/Phone Number

Health Insurance Company/Plan #/ID # _____

Allergies, Reactions or other pertinent medical information: _____

(OVER)