

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

After Care Program 2022– 2023

- Information
- Registration Form

Registration form must be completed by August 29, 2022

Director: Mrs. Dianne Gorsek **Aftercare Phone Number:** 216-299-8060

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

Fees: \$5 per day if child is picked up by 3:40 pm. \$10 per day if child is picked up between 3:41 and 6:00 pm. 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 Digital Academy.

Attendance: The sign-in and sign-out procedure is handled on the Aftercare Program iPad. Mrs. Gorsek will track each child coming into and leaving the classrooms each day.

Emergency Information: The Emergency Medical Authorization form, included in the school registration packet, will be copied, and kept in the Aftercare Program Classrooms.

Payment and Participation Guidelines – Effective August 1, 2022

Statements: After Care Statements will be emailed, through the Digital Academy system, on the 15th and 30th of each month. 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. Payments are made in the Digital Academy system.

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, please call the Parish Office at 216-226-7577, and speak to Deacon Dave Lundeen, .

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 2022 – 2023

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Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

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 Name: _____

Phone #: _____ ID# _____ (office use only)

Parent Signature of Acceptance

Parent Signature: _____

Date: _____