

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

After Care Program 2021– 2022

- Information
- Registration Form

The Registration form must be completed and returned to the Parish Office by August 31, 2021

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: \$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: The Emergency Medical Authorization form, available on the St. Mark School website, must be submitted with the Aftercare Registration Form

Payment and Participation Guidelines – Effective August 1, 2021

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, you must 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 2021 – 2022

Student Name: [click here to enter](#)

Grade: [click here](#) Homeroom #: [click here](#)

Student Name: [click here to enter](#)

Grade: [click here](#) Homeroom #: [click here](#)

Student Name: [click here to enter](#)

Grade: [click here](#) Homeroom #: [click here](#)

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/Guardian Name: [click here to enter](#)

ID# _____ (**office use only**)

Phone #: [click here to enter](#)

Parent Signature of Acceptance

By typing my name below, which shall constitute my electronic signature, I acknowledge that I am the parent or legal guardian of the Child(ren) named in this registration and have the authority to sign this document and act on his/her or their behalf. I agree that my electronic signature is intended to authenticate this writing and to have the same force and effect as my manual signature.

Parent/Guardian Name: [click here to enter](#)

Date: [click here](#)