



ST. MARK BEFORE AND AFTER CARE PROGRAM

26 Melvin Ave. • Catonsville, MD 21228 • 410-747-1117 •

May, 2022

Dear Parents/Guardians,

Attached is the registration form for our Before and/or After School Program. This program will be offered for students in **Grades PreK4 through 4th**. There is a Study Hall program for 5th through 8th grade. **Registrations for Before/After Care will be accepted on a first-come, first-served basis**. The registration fee must be paid by FACTS when registering your child/children. All fees and monthly payments must be paid by FACTS only. The completed registration form must be returned to the school office **NO LATER than Wednesday, June 1st**. Please be sure that you register or re-register your child(ren) by this deadline, in order to guarantee your child's placement. When submitting the registration form, contract agreement and required fee, please make sure to specify on the envelope "**Before and/or After Care, Attn: Mrs. Howard,**" to ensure the director receives them promptly.

The monthly fee is based on 180 school days and is payable in **9 payments** by the **6th of each month**, beginning with **September 6th**, and the last payment due on **May 6th**. Please be aware that these fees are on a per child basis.

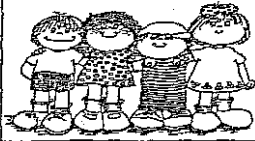
All registered families will receive a summer mailing, which includes a letter stating the guidelines for the Before/After School Program, along with some required forms. Receiving this paperwork will verify that your child(ren) will be enrolled in this program.

Please be aware that full-time After Care tuition is \$160.00 per month, whether your child attends for four or five days per week. Full-time Before Care is \$60.00 per month, whether four or five days per week. If your child attends both, the cost is \$210.00 per month. Children who attend Before and/or After Care any less than four days per week will be considered part-time students, and the fee is \$5.00 per day for Before Care, \$15.00 per day for After Care, and \$20.00 per day for both programs.

Our program only operates on the days that St. Mark School is in session. It does not operate on holidays, professional days and snow days. If an early dismissal is called due to inclement weather conditions, after care will not be available. This is to enable the children as well as the after care staff to arrive home safely. If there is a **one or two hour delay** to the opening of school, before care will open **at 8:00AM**.

We will no longer be serving breakfast to children attending before care. If your child does not have breakfast at home, they can bring their breakfast to before care. Snack will be served in single serving packages only, no water or juice will be served so please send your child with a water bottle marked with their name. This program will offer outdoor play (when fully staffed and weather permitting), homework time, art activities will be available.

If you have any questions, please contact Mrs. Howard at 410-747-1117 between the hours of 2:00-6:00PM.



ST. MARK BEFORE AND AFTER CARE PROGRAM

26 Melvin Ave. • Catonsville, MD 21228 • 410-747-1117 • www.stmark-school.org/

MONTHLY FEES:

September to May only

PLEASE NOTE: Since these fees are pro-rated over a 9-month period for the 180 days students attend classes at St. Mark School, there is no payment required for August or June.

Full-time Before and/or After Care: 4 or 5 days per week

Full-time Before Care:	\$60.00	(per child)
Full-time After Care:	\$160.00	(per child)
Full-time Before/After Care:	\$210.00	(per child)

Family Discounts Full-Time

10%

Two Children After Care:	\$288.00
Two Children Before/After Care:	\$378.00

15%

Three Children After Care:	\$408.00
Three Children Before/After Care:	\$535.50

Part-time Before and/or After Care: 3 or less days per week

Part-time Before Care: \$5.00 per day

3 days

One child:	\$60.00
Two children:	\$120.00
Three children:	\$180.00

2 days

One child:	\$40.00
Two children:	\$80.00
Three children:	\$120.00

1 day

One child:	\$20.00
Two children:	\$40.00
Three children:	\$60.00

Part-time After Care: \$15.00 per day

3 days

One child:	\$180.00
Two children:	\$360.00
Three children:	\$540.00

2 days

One child:	\$120.00
Two children:	\$240.00
Three children:	\$360.00

1 day

One child:	\$60.00
Two children:	\$120.00
Three children:	\$180.00

Part-time Before/After Care: \$20.00 per day

3 days

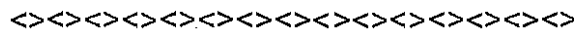
One child:	\$240.00
Two children:	\$480.00
Three children:	\$720.00

2 days

One child:	\$160.00
Two children:	\$320.00
Three children:	\$480.00

1 day

One child:	\$80.00
Two children:	\$160.00
Three children:	\$240.00



St. Mark School

Before and After Care Program

2022-2023 REGISTRATION CONTRACT FOR GRADES PreK4 – 4th ONLY

REGISTRATION FEE: \$50.00 PER FAMILY

Due: Wednesday, June 1, 2022

Instructions: Please print legibly in either blue or black ink. Complete all sections. Indicate "NA", if something does not apply. A \$50.00 registration fee must be paid by FACTS at the time of registration. This amount is non-refundable. Please be aware that these fees are on a per child basis. If you have any questions concerning FACTS, please call Rochelle Schneiderman at the parish center at 410-744-6560 ext. 236. This application will not be processed without all sections being completed.

New Registration

Re-registration

Family Name: _____

Child of St. Mark School Employee

Child(ren)'s Name(s): _____

Gr: _____ (2022-2023) Male Female

Gr: _____ (2022-2023) Male Female

Gr: _____ (2022-2023) Male Female

Copy of physical exam, immunization record, and lead screening on file at St. Mark School: Yes No

<u>PARENT/GUARDIAN INFORMATION:</u>	<u>PARENT/GUARDIAN INFORMATION:</u>
Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
_____ Zip Code: _____	_____ Zip Code: _____
Home Telephone: _____	Home Telephone: _____
Business Name: _____	Business Name: _____
Business Telephone: _____	Business Telephone: _____
Business E-mail: _____	Business E-mail: _____
Hours of Work: _____	Hours at Work: _____
Cell: _____	Cell: _____
Beeper: _____	Beeper: _____

Child is living with:

Both Parents

Mother

Father

Foster Parent

Guardian

Other: _____

Child's Legal Guardians: Both Parents Mother Father Other: _____

If shared custody, please explain custody arrangement: _____

COMPLETE ONLY IF PARENTS ARE DIVORCED
If parents are divorced, with whom does the child(ren) live? Please check one:
 Mother Father Joint Grandparents Other: _____

If joint parental responsibility, please complete the following:
Name of non-residential parent: _____
Address _____
Street City State Zip
Home Phone: (____) _____ Business Phone: (____) _____
Cell Phone: (____) _____

****** ATTACH DOCUMENT OF LEGAL CUSTODY OR GUARDIANSHIP TO APPLICATION ******

Is the non-custodial parent listed above an authorized emergency contact? Yes No
If non-custodial parent is **not** an authorized emergency contact, a certified copy of the court order must accompany this form.

ADDITIONAL INFORMATION:

Please be as specific as possible when answering the following information. This information will be reviewed by the staff and used to most effectively meet your child(ren)'s needs:

Please list any special interests your child(ren) may have: _____

Special concerns which should be brought to the staff's attention: (physical limitations, dietary restrictions, allergies to bee stings/pollen, intolerance to food, medication, chronic health problems, etc.)* Yes No

If so, please explain.

Has the allergy required emergency action in the past?* Yes No

* If there are any changes to this information, please update this information in the space indicated on the back of the emergency card you will receive in August.

Does your child(ren) have any special needs? (Check all that apply):

Child's Name: _____ No ADD ADHD Dyslexia Other: _____

Child's Name: _____ No ADD ADHD Dyslexia Other: _____

Child's Name: _____ No ADD ADHD Dyslexia Other: _____

What are your child(ren)'s favorite indoor activities? _____

What are your child(ren)'s favorite outdoor activities? _____

Activities that you would like to see the Before/After Care Program offer your child(ren): _____

Would you like your child(ren) to participate in the homework room on a daily basis? Yes No
If yes, how may we help your child(ren) during this time? (Only Grades 2-5 may attend)

Is there any other information you would like us to know about your child(ren)? _____

MONTHLY FEE (PAYABLE FOR 9 MONTHS)

Please be mindful that these fees are on a per child basis.

Please indicate below the program you are requesting and the day(s) your child(ren) will be attending the program. We understand that extra-curricular activities may modify your child(ren)'s Before and/or After School Program usage days. Please make the best estimate possible in order for us to plan for staffing. We also ask that you please notify the Program Director of any changes to your child(ren)'s days of expected attendance and indicate this change on the emergency card you will receive in August.

FEE	PROGRAM	ATTENDANCE (please check all that apply)
\$60.00 Full-Time	<input type="checkbox"/> BEFORE SCHOOL or \$5.00 Per Day If Part-Time	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> As Needed
\$160.00 Full-Time	<input type="checkbox"/> AFTER SCHOOL or \$15.00 PER DAY If Part Time	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> As Needed
\$210.00 Full-Time	<input type="checkbox"/> BEFORE AND AFTER SCHOOL or \$20.00 PER DAY If Part Time	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> As Needed

Pick-up after 6:00 P.M. will be billed a \$1.00 per minute, payable in cash, to the staff member staying with your child(ren). Please note that after three (3) late pick-ups, a student's participation in the After School Care Program will be evaluated, and may result in termination of services.

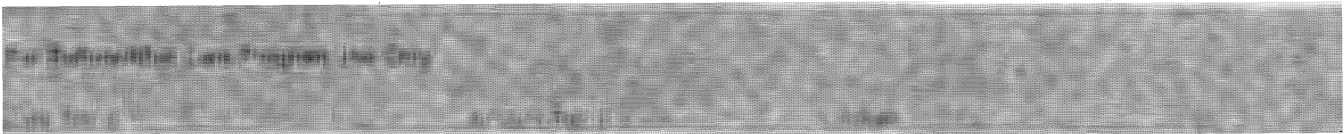
1. I understand that I must pay the enrolled amount for the day(s) which my child(ren) are enrolled regardless of whether or not my child(ren) are in attendance.
2. I will read and abide by the policies set forth in the Before/After School Guidelines, which will be mailed to you in August.
3. I certify that the above information is correct to the best of my knowledge. I understand and accept financial obligations to the program and will pay the monthly fee on time.
4. My signature on this contact, and the **\$50.00 non-refundable registration fee, paid by FACTS** will indicate my agreement to the terms stated herein.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE _____

**** Must be signed and dated by Parent/Guardian for student participation ****

Thank you for your completed application to St. Mark Before/After School Care Program.

Please return this form and contract agreement to the school office or hand to the Program Director in an envelope marked "Before/After Care" No Later than Wednesday, June 1, 2022.



Parent Contract Agreement

2022-2023 Academic Year

Each family who registers their child in St. Mark Before and/or After School Care Program is given this contract, which must be signed by the party/parties responsible for payment. **Failure to sign this contract will result in denial of privileges for the child to attend St. Mark Before and/or After Care Program for the 2022-2023 school year.**

In consideration of my child's participation in St. Mark Before and/or After Care Program, I agree to the following:

1. I understand that I am entering into a contract with St. Mark School to provide Before and/or After School Care for my child
2. I agree to pay a **one-time, non-refundable registration fee of \$50 per family per year**, whether my child is returning or is a new applicant.
3. I understand that I am committing myself to participate in St. Mark Before and/or After Care Program for the duration of the 2022-2023 school year unless, unforeseen events make withdrawal necessary.
4. I understand that I must complete all paperwork deemed necessary by St. Mark Before/After Care Program, which will be mailed to each registered family over the summer, and must be returned before the first day of the 2022-2023 school year.
5. I understand that I am responsible for informing the Director of any requested changes to my child's days of expected attendance **at least one week** prior to their effective date, and that a form will need to be filled out to reflect the schedule change.
6. I agree to ensure that my child is picked up **by 6:00 p.m.** or earlier, and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. **I understand that in the event my child is not picked up by 6:00 p.m., a fee of a dollar per minute for each child will be due at the time of pick-up.** This money must be paid to the person on duty, in cash at the time of pick-up. This amount should not be included in with the monthly payment. After 6:15 p.m., my emergency contact will be called. I will call the After Care Program to notify the staff if I will be picking up my child after the 6:00 p.m. closing time. I understand that calling to notify staff of a possible late pick-up does not exclude me from paying a per child late fee.
7. I or the person designated on the emergency card/pick-up slip, agree to personally pick up my child from St. Mark After Care Program, to sign him or her out for the day (with time of departure), except when I have authorized, **in writing** (with signature and date), alternative arrangements. There are **NO EXCEPTIONS**. I will make sure to let my designee know of the sign-out procedures, including the late fee policy.
8. I agree that St. Mark School will not be held liable for any and all injuries occurring to my child.
9. I understand that if my child is having persistent problems in the morning and/or afternoon program(s), a conference will be arranged between the parent(s) and Director, and if necessary, the Principal or Assistant Principal.

10. I understand that St. Mark Before/After Care Program is an extension of the school day and have directed my child to adhere to all school policies and regulations. I further understand that breaches of these rules will be cause for disciplinary action, whose implementation I will support.
11. In the event of any emergency, I give my permission to the caregiver to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment. This includes maintaining with St. Mark Before/After Care Program accurate emergency contact information, up-to-date contact numbers and alternate pick-up representatives.
12. I understand that in the event of continued late payment of fees, late pick-up of my child or for any other good cause, St. Mark Before and After Care Program reserves the right to remove my child from the Before and/or After Care Program.
13. I understand that **no reduction** in my fee will be made for my child's absence due to illness, vacations, holidays, emergencies, when school is closed or he/she is in attendance at another after school activity which makes it impossible for him/her to be at St. Mark After Care Program.
14. I agree to give the **Director at least one week's advance notice** before withdrawing my child from the morning and/or afternoon program. I further understand that the monthly payment is **non-refundable**.
15. I am aware that my child is **not eligible** to attend St. Mark After Care Program if he/she did not attend a full day of school on the scheduled day of attendance due to being ill. I also understand that if my child leaves St. Mark After Care Program for any reason, he/she **may not return** to the program on that day.
16. Sick children must be picked up within **1 hour** from being notified by an After Care staff member, in order to prevent infection of other students and staff.
17. I am aware that the policy for St. Mark Before/After Care Program regarding inclement weather is as follows:
 - . Before Care will open at **8:00 a.m.** for **all one- or two-hour delayed openings**.
 - After Care will not operate for an early **dismissal due to weather**.
18. I understand that St. Mark Before and After School Care Program operates according to the school calendar (which is subject to change monthly). Therefore, St. Mark Before/After Care Program does not operate during school holidays, professional days, or summer vacation.
19. I understand that the St. Mark School Principal and St. Mark Before/After Care Program Director reserves the right to terminate Before and/or After School Care services if it is determined that my child's placement in the program(s) is unsatisfactory.
20. I will agree to read and follow all terms, conditions, rules, and regulations outlined in the *St. Mark Before/After Care Program Parent Handbook* and the August letter. I hereby acknowledge that I will read the Handbook, which can be accessed at www.stmark-school.org/, and review those policies and procedures with my child. I further agree to abide by the regulations therein contained.

The above terms are understood and agreed to.

Parent/Guardian's Signature

Date

Parent/Guardian's Name (please print)

Child(ren)'s Name(s) (please print)

Program Director's Signature

Date

Please return this contract agreement to the program director in person or via the school office upon completion of the registration form and \$50 registration fee paid by FACTS by **Wednesday, June 1, 2022.**