

After School Program

Mission Statement (Texas Catholic Conference Education Department)

Early Childhood "After School Program" refers to a structured program that is an extension of the academic school day. It involves preschool children (ages three and older) who attend a developmental academic program and a program of structured activities designed to promote educational and developmental growth of young children.

Enrollment

Students enrolled in the accredited early childhood program qualify to participate in the Early Childhood After School Program.

- Students must be three years or older.
- Students must enroll for a specific period of time.
- Unscheduled daily or weekly drop ins are not permitted
- The program operates only on days when school is in session.

St. Mark Catholic School Early Childhood After School Program 2010-2011 Registration Form
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Student's Legal Last Name	Student's Legal First Name	Grade for 2010-2011 Circle One: 3's, 4's, TK, Kng.
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Enrollment Plan for 2010-2011: (Initial below for your selection)

I have selected one of these options for days of attendance:

_____ Monday through Friday
_____ Monday, Wednesday, Friday
_____ Tuesday, Thursday

I have selected one of these options for hours of attendance:

_____ Dismissal to 4:45 PM (Picked up no later than 4:45 PM)
_____ Dismissal to 6:00 PM (Picked up no later than 6:00 PM)

I have selected one of these options for the monthly tuition plan:

Sibling Discount: The first child pays full rate with a 20% reduction for each additional child.

_____	Monday through Friday	Dismissal to 4:45 PM	\$ 120
_____	Monday through Friday	Dismissal to 6:00 PM	\$ 235
_____	Monday, Wednesday, Friday	Dismissal to 4:45 PM	\$ 90
_____	Monday, Wednesday, Friday	Dismissal to 6:00 PM	\$ 175
_____	Tuesday, Thursday	Dismissal to 4:45 PM	\$ 60
_____	Tuesday, Thursday	Dismissal to 6:00 PM	\$ 120

Registration Fee: A non-refundable annual fee of \$ 50 per family is payable at the time of registration.

Late Pick-Up Fees: First 5 minutes are a grace period. After a grace period the fee is \$1.00 per minute.

Financial Responsible (F.R. Person Contact Information)

F.R. Name (Print) _____
Complete Billing Address: _____ City _____ State _____ ZIP _____
Email Address: _____ @ _____ Primary Phone # _____

Contacts listed below, **including parents**, will be allowed to pick up my student if marked for pick up.

No contacts are accepted without Driver's License Numbers. The following contacts, listed below may serve as my agent and have my permission to pick up my student from St. Mark Early Childhood After School Program and receive information distributed by St. Mark Early Childhood After School Program staff.

Relationship to Student: Father/ Guardian (Circle One). Other (list): _____

FIRST Name:	LAST Name:
Street Address:	
City:	Zip:
Home #:	Cell #:
Work #	Pick Up? Circle: Yes No
Driver' License#	Issuing State:

Relationship to Student: Mother/Guardian (Circle One). Other (list): _____

FIRST Name:	LAST Name:
Street Address:	
City:	Zip:
Home #:	Cell #:
Work #	Pick Up? Circle: Yes No
Driver' License#	Issuing State:

3 Additional Contacts	Relationship	Driver's License	Home Phone#	Cell Phone#	Work Phone#
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#1 _____

#2 _____

#3 _____

Parent Signature

Date