



ST. MARK CATHOLIC SCHOOL
WHERE FAITH AND KNOWLEDGE MEET

**Early Dismissal Care
2017-2018 Registration Form**

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Form and Payment are due at least one week prior to date of session.

Please circle the days you are registering for Early Dismissal Care. Note the applicable pick-up times.

Friday, September 29, 2017 (6:00 PM)	Friday, December 15, 2017 (3:00 PM)	Friday, April 27, 2018 (6:00 PM)
Thursday, October 26, 2017 (6:00 PM)	Friday, February 2, 2018 (6:00 PM)	Friday, May 11, 2018 (6:00 PM)
Friday, November 17, 2017 (3:00 PM)	Thursday, March 29, 2018 (3:00 PM)	Friday, June 1, 2018 (3:00 PM)

Fees: The daily rate for the first child is \$20 per day, sibling rate is \$16 per day. **Prepayment is required.**

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

Authorized Pickup: Parents must be listed along with an alternate. The following contacts listed below may serve as my agent and have my permission to pick up my student from the St. Mark Catholic School After School Program and receive information distributed by the St. Mark Catholic School After School Program staff.

Full Name _____ Relationship to Student _____

Phone Number _____ Alternate Phone Number _____

Address _____

Driver's License Number and Issuing State _____

Full Name _____ Relationship to Student _____

Phone Number _____ Alternate Phone Number _____

Address _____

Driver's License Number and Issuing State _____

Full Name _____ Relationship to Student _____

Phone Number _____ Alternate Phone Number _____

Address _____

Driver's License Number and Issuing State _____

***** I have read the 2017-2018 St. Mark Catholic School After School Program Handbook and agree to follow the policies and procedures as stated. _____ (Parent initials)

Parent Signature

Date