

# ***St. Mark's AfterCare Program 2023-2024***

1 East Haddon Avenue

Oaklyn, NJ 08107

## ***Registration Form***



All information will be kept confidential. Please print or type the necessary information requested below. You must submit a nonrefundable/nontransferable registration fee of \$65/1 child, \$110/2 children, \$150/3 children or more. You can mail, drop off, or email this form to [msamyh@stmarksoaklyn.com](mailto:msamyh@stmarksoaklyn.com) and we will bill registration in Brightwheel.

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Parent 1's name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent 2's name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent 1's employer: \_\_\_\_\_ Employer's #: \_\_\_\_\_

Parent 2's employer: \_\_\_\_\_ Employer's #: \_\_\_\_\_

Parent 1's Email: \_\_\_\_\_ Parent 2's Email: \_\_\_\_\_

Primary Email: ☐ Parent 1 or ☐ Parent 2

Person to be notified in case of emergency that can pick child(ren) up (in the event that the parents cannot be reached).

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

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Physical limitations and/or allergies; existing illnesses and/or medication prescribed for continuous use: \_\_\_\_\_

If your child requires use of an EPI Pen, the parents must supply St. Mark's a pen to retain at the facility.

Please check and sign below:

☐ I authorize my child to be taken by ambulance to the nearest hospital in case of emergency.

I prefer \_\_\_\_\_ Hospital. \_\_\_\_\_

Parent's Signature

If you have authorized other persons to pick up your child, please provide their names and phone numbers in our Brightwheel system. Name should match their official ID. Also please add a clear photo of the person so that we can verify with their ID.

☐ I understand and will update Brightwheel with the required information.

\_\_\_\_\_, Date: \_\_\_\_\_

Does your child have any allergies? (If so, please provide details): \_\_\_\_\_

\_\_\_\_\_

Please use this space to provide us with any medical information about your child that you think we should be aware of for the program:

\_\_\_\_\_

Please use this space to provide information which the After School Program staff should be aware of for your child's welfare: \_\_\_\_\_

\_\_\_\_\_

I would like my child to take part in any planned Christian activities: Yes ☐ No ☐

☐ I **do not object** to the use of photographs of my child for educational and/or promotional purposes.

☐ I **object** to the use of photographs of my child for educational and/or promotional purposes.

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Due to COVID restrictions, we cannot accept children that are not registered for specific days.

Please check day(s) in which your child will be attending our After School Program:

Full Week ☐

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Anticipate start date: \_\_\_\_\_

Anticipated time you will pick up your child: \_\_\_\_\_

My child should work on his or her homework at St Mark's: Yes \_\_\_\_\_ No \_\_\_\_\_

\*We will add them to our homework list and check with them if they have homework when they arrive at St Mark's. A staff member will work with them to answer questions they may have to complete their homework.

I give permission for my child to participate in walks to local parks:

\_\_\_\_\_  
Parent's signature

I have read and agree to all the terms in the St. Mark's Parent Policy Manual and I will keep a copy on hand:

\_\_\_\_\_  
Parent's signature

For Office Use:

Date registration was received: \_\_\_\_\_

Shot Records/UHR/policy signature received: \_\_\_\_\_

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**Please keep the following information for your reference.**

**Our After School Program is open until 6:00 pm. It is IMPERATIVE that your child be picked up by this time due to the fact that this is a shared facility and there may be other functions which will begin after 6:00.**

If your child is not picked up by 6:00 the following will apply:

According to our policy, late pick up fees are:

- \$1.00 per minute late.
- If not picked up by 6:30, the police will be notified

- Students who do not attend school on a school day are not permitted to attend the program that day, except for holidays off
- We use a system called [Brightwheel](#), please make sure you sign up for your account once you receive the invite.
- Payment is due at time of invoicing. If payment is not paid by due date, a late charge of \$10 will be assessed unless approved by Amy Hatcher.
- Our Facebook group is: stmarksoaklynschool. This page is private and no names are ever associated with any of the children in our program. It is a source of weekly information and reminders. We encourage you to join this page.
- We will alert on Brightwheel if there is a closing or other change in plans.
- Our AfterCare Director:
  - Ms. Amy H [msamyh@stmarksoaklyn.com](mailto:msamyh@stmarksoaklyn.com) 856-854-5910
- Any changes in phone numbers, addresses or medical information as well as people permitted to pick up your child must be reported ASAP, and update in Brightwheel
- If there is a change in pick up plans at the school, please let both St Mark's and the school know
  - You can notify St. Mark's of any changes through Brightwheel messaging or email Ms Amy H at [msamyh@stmarksoaklyn.com](mailto:msamyh@stmarksoaklyn.com).
- Program is open to children entering Kindergarten to 5<sup>th</sup> Grade or 11 years of age.

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AfterCare Pricing		
AfterCare -Regular Day, after a full day at OPS	Due Weekly	\$15.00/ daily pick up by 4:00
		\$20.00/ daily pick up by 6:00
AfterCare - after half day at OPS	Due Weekly	\$30.00/ daily pick up by 4:00
		\$35.00/ daily pick up by 6:00
AfterCare - Full day, no school at OPS	Due Weekly	\$45.00/daily pick up by 4:00
		\$50.00/daily pick up by 6:00