



## **2025-2026 St. Mark School After School Program**

Welcome! The After School Program is available to St. Mark students in grades PK3 through Grade 6 who need a safe, dependable and convenient place for their children after dismissal. Parents of 7th and 8th grade students may enroll on an as needed basis.

### A Few Friendly Reminders About the After-School Program

- Please be sure your child brings a snack, and a water bottle each day.
- We are a nut-aware school, so kindly avoid sending any nut products.
- On early dismissal days, your child will need an extra snack, a water bottle, and lunch, since the program will run for a longer period.

The After-School Program staff uphold the same behavior expectations as during the school day, along with a few program-specific guidelines. We expect all students to always treat staff and each other with kindness and respect. If any behavior concerns arise, they will be addressed by the program staff and director. By registering your child(ren), you agree to support and uphold these expectations.

### After-School Program Contact Information

Please save the After-School Program phone number in your phone and share it with any emergency contacts or adults who may pick up your child:

 **203-375-1735**

This number is only active while the program is running and is intended for urgent matters only, such as running late, changes in pick-up arrangements, or other emergencies. Please do not use it to check in on your child. If we need to reach you, we will use this number as well.

Please do not call the main school office to reach the After-School Program, as they won't be able to transfer your call.

***The After School Program strictly follows all Diocese of Bridgeport Catholic Schools and Saint Mark School policies.***

We look forward to seeing you and your child(ren) in the fall!

*Should any questions arise, please contact Ms. Sarah via email at [scarrano@stmarkschool.org](mailto:scarrano@stmarkschool.org).*

**To help us provide a safe environment and proper staffing, all families planning to use the After-School Program for the 2025–2026 school year must complete and return the attached registration forms and fees to the Main Office by Friday, August 29<sup>th</sup>, 2025.**



## **HOURS**

The After-School Program hours run from dismissal until 6:00p.m for PK3 through Grade 6.

The first day of After School for K-6 will be Tuesday, September 2<sup>nd</sup>.

The first day of After School for PK3 and PK4 will be Thursday, September 4<sup>th</sup>.

The last day of the After-School Program for the year will be announced in June.

In the event of early dismissal due to weather or emergency, the program will be closed.

The program is CLOSED on:

- Wednesday, November 26<sup>th</sup>, *the day before Thanksgiving break*
- Friday, December 12<sup>th</sup> and Friday, December 19<sup>th</sup>
- Tuesday, December 23<sup>rd</sup>, *the day before Christmas break*

## **FEES/BILLING**

Only families that are **pre-registered** may participate in the After School Program.

A yearly non-refundable registration fee of \$30 per child is required. Registration fee is due when you register for the Program and will not be added to FACTS.

Payment is due weekly. Weekly balances will be added to FACTS. Payment may be made directly on FACTS, or by cash or check to the main office c/o After School. FACTS balances for After School will be separate from tuition. Please indicate on your registration form how you will be paying.

Please be advised past due or delinquent payments may result in your child(ren) being removed from the After School Program.

**Weekly Fee Schedule PK3 through Grade 6\***

| Number of Children | 1 Day | 2 Days | 3 Days | 4 Days | 5 Days |
|--------------------|-------|--------|--------|--------|--------|
| 1                  | \$34  | \$68   | \$102  | \$136  | \$159  |
| 2                  | \$57  | \$113  | \$170  | \$227  | \$255  |
| 3                  | \$79  | \$159  | \$238  | \$317  | \$351  |
| 4                  | \$102 | \$204  | \$306  | \$408  | \$453  |

\*Subject to change for the 2026-2027 school year

For **half-day sessions**, when the children will be in the After School Program starting at 11:25A, there will be an additional charge of:

**1 child - \$30.00**

**2 children - \$55.00**

**3 children - \$80.00**

*Chronic, persistent patterns of late student pick-up after 6:00pm will be addressed in writing by the principal and program director and may warrant a late fee charge of \$5 for the first 15 mins. \$10 for every 15-minute increment thereafter.*

## **EARLY DISMISSAL FROM SCHOOL**

If your child(ren) is dismissed early from school for any reason (i.e. a doctor's appointment) and does not return to school for the day, permission to attend the After School Program on that day will be approved on an individual basis by the principal.

## **TO REGISTER**

Return the completed 2025-2026 Registration Form along with the \$30 non-refundable registration fee per child to the school office **by Friday, August 29<sup>th</sup>**. **If for some reason you need to submit a late registration form, please contact Ms. Sarah, [scarrano@stmarkschool.org](mailto:scarrano@stmarkschool.org)**. The registration fee will hold each child's place in the program for the school year.

Please make checks payable to: St. Mark School

Students must be registered for the days they will attend the After School Program at the beginning of each month. Registering for these days ahead of time ensures there is adequate space and staffing.

Attached is a calendar for the month of September. Please indicate which days your child will attend the After School Program for the month. ***Please return this completed calendar and After School Registration form no later than Friday, August 29<sup>th</sup>***. Calendars can be submitted via email to Ms. Sarah [scarrano@stmarkschool.org](mailto:scarrano@stmarkschool.org) or to the main office c/o Ms. Sarah After School Program. *Please note: September calendars may be submitted via email however your dates will not be reserved until Registration forms and fees are received.*

A monthly After School Scheduling Calendar will be sent home on or around the 15<sup>th</sup> of each month, beginning September 15<sup>th</sup>. Registration for the upcoming month is due on or around the 28<sup>th</sup> of each month and will only be accepted if your account is fully paid and up to date.

***Late calendars will not be accepted.***



## **Expectations for St. Mark After School Program**

Please review the rules and consequences with your child(ren). By registering your child(ren), families agree to adhere to the rules set forth. Thank you.

### **Expectations:**

1. Follow all directions the first time
2. Be respectful of others, supplies and equipment
3. Keep hands, feet and all body parts to yourselves
4. In accordance with our food allergy policy, students should never share food.
5. Use appropriate language & manners
6. Clean up after yourself (snack & toys)
7. Share
8. No running or yelling
9. No one should go anywhere without telling an adult
10. Listen to instructions
11. Tell the truth
12. Cell phones and electronic devices may be used after homework is complete and may not be used outside or during play or homework time.
13. PreK through Grade 1 students must be accompanied by an adult or staff member when leaving the ASP activity that is in progress to visit the nurse's office, restroom, etc.
14. Always ask before going to the bathroom, getting a drink, etc.
15. Never give up
16. Work as a team
17. Have FUN!

### **Consequences:**

1. Verbal Warning
2. Time out (1 minute per age)
3. Activity/equipment taken away
4. Call home/talk with parent
5. Possible Removal from after school

Please note there are different consequences for aggressive behavior. Aggressive behavior is defined as, but not limited to swearing, physical contact, and threatening of any nature.

### **Consequences for Aggressive Behavior:**

1. First offense: verbal warning and talk with parents
2. Second offense: sent home and meeting with the Principal and After School Director will be required before returning to the program
3. Third offense: removal from the program

*Please be advised that consequences carry over day to day*

**2025-2026 SAINT MARK AFTER SCHOOL PROGRAM  
REGISTRATION FORM**

**Student Name**

**Grade**

**Date of Birth**

|       |       |       |
|-------|-------|-------|
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| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

**Address** \_\_\_\_\_

***Emergency Contact Information (Please list all and in order to call including all parents)***

**Name (please print)**

**Relation to child(ren)**

**Phone number**

|          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

**Please list (print) all approved family & friends that may be picking up your child(ren), By listing them this gives the After School Program permission to release your child to them at pick up**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Registration fee: \$30 per child = \$\_\_\_\_\_ enclosed**

**Parent Signature** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

- ☐ I/We have elected to pay through FACTS
- ☐ I/We have elected to pay via cash or check via the Main Office

***Parent signature indicates that the family has read, understands, agrees, and will be held to the registration, tuition, and behavior policies of St. Mark School After School Program.***

**Primary Email Address (Please Print)** \_\_\_\_\_

***\*\*Incomplete registration forms will not be accepted (2 pages)***



## **Medical Information**

Child(ren's) Name \_\_\_\_\_

Physician's Name \_\_\_\_\_

Name of Physician's Medical Practice \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Please list any allergies or special medical conditions. If you have more than one child, specify which child each condition applies to:

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## **Medical Release & Consent**

In case of emergency, I understand that every effort will be made to contact parents or guardians of my child(ren). If I cannot be reached, I hereby give permission to the Physician, EMTs or Hospital to treat my child(ren).

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_

***\*\*incomplete registration forms will not be accepted***