



# St. Mary's Nativity School

*Believe, Achieve, Succeed with Christ*

## AFTERCARE

Welcome Back to St. Mary's Nativity School for the **2026-2027 school year**. We hope you and your family had a nice summer vacation. We welcome the opportunity to take care of your "precious little ones" again this school year. We are certain that together we can make St. Mary's Nativity School's Aftercare Program a positive and enjoyable experience for your child/children.

Although aftercare is a service provided by the school, please understand that children are expected to observe all school rules while attending aftercare. The first 30-40 minutes of aftercare will be allotted for homework assignments and snacks. Aftercare personnel are not responsible for completion and/or accuracy of homework. It is the student's responsibility.

**The program begins Monday, August 10th. Aftercare will be 2:45 p.m. to 5:00 p.m.** The cost for Aftercare is as follows:

2:45 to 4:00	\$25 per week or \$5 per day
2:45 to 4:30	\$35 per week or \$7 per day
2:45 to 5:00	\$45 per week or \$9 per day

**ALL CHILDREN MUST BE PICKED UP BY 5:15 p.m.** There will be a \$1 per minute charge for students who are not picked up by 5:15 p.m. In other than emergency situations, students who are not picked up by 5:30 p.m. will be dropped from the after-school program.

**Aftercare fees are to be paid daily or prepaid at the beginning of each week.** An invoice will be sent home weekly. Please make checks payable to St. Mary's Nativity School.

**St. Mary's Nativity School Aftercare Program**  
2026-2027

**I am interested in my child/children attending St. Mary's Nativity Aftercare Program**

Please return this form with a \$10.00 registration fee and a prepaid weekly amount of at least \$45.00 or greater if your child is planning to attend aftercare.

STUDENT INFORMATION	GRADE: _____
First Name: _____	Last Name: _____
Parent/Guardian: _____	
Home Address: _____	
Phone Number(s) Home: (    ) _____	
Work: (    ) _____	
List in order names to phone in case of emergency:	
<u>NAME</u>	<u>PHONE#</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Please list any person (s) who will regularly pick up your child:**

**NAME:** \_\_\_\_\_

**Please list any person(s) who MAY NOT pick up your child:**

**NAME:** \_\_\_\_\_

\_\_\_\_\_

**Please list any problems (Ex: food allergies or health issues ) that your child might need special attention:** \_\_\_\_\_

**We do provide the children with snacks. If there are any foods your child can not eat, please let us know.**

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**INSURANCE INFORMATION:**

**Insurance Name:** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

**Insurance Co. address:** \_\_\_\_\_

**Child's Family Physician: Name:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

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

**List any Concerns:**