

St. Mary's School 2026-2027 Aftercare Program

Program Supervisor: Sue Cupples (309) 657-8178

Aftercare is available from 3:00-4:30 p.m. each evening for preschool through eighth grade students. The program is open according to the school calendar. Please note, there is no aftercare available on vacation days or inclement weather days. There is also no aftercare on early dismissal days.

Please note, aftercare sessions include a snack.

Rates for 2026-2027 are \$15.00 a day.

To register your child(ren) for aftercare, please fill out the following forms completely and return to the school office:

- Aftercare Payment/Pickup Agreement
- Aftercare Registration Form
- Aftercare Emergency Information Form

St. Mary's School Aftercare Payment/Pickup Agreement

Please read the following information carefully, initial each statement and sign at the bottom indicating your agreement to abide by these terms.

I understand that aftercare fees need to be paid in a timely manner. Prolonged unpaid fees could result in dismissal from the program. _____ (please initial)

I understand my child needs to be picked up no later than 4:30 p.m. and that late fees could result from repeated late pick up. _____ (please initial)

I understand if a medical emergency arises, program staff will first attempt to contact me. If the emergency requires immediate attention, an ambulance or emergency vehicle may take my child to the hospital. _____ (please initial)

I understand the program staff must be notified in writing or by a parent's call to the school office before 2:30 p.m. to make changes to the known schedule. No child will be allowed to board a bus otherwise. _____ (please initial)

Parent Name (please print) _____

Parent's Signature _____

Date _____

St. Mary's Aftercare Registration
Form 2026-2027

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Parent's Name _____

Phone Numbers _____

Please check the days your child(ren) will attend Aftercare.

Monday	Tuesday	Wednesday	Thursday	Friday

Emergency Information 2026-2027

Child's Name _____

Allergies _____

Child's Name _____

Allergies _____

Child's Name _____

Allergies _____

Mom's Phone _____

Dad's Phone _____

Preferred Hospital _____

Individuals allowed to pick up my child(ren):

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____