



2019-20 After Care Program

Lakewood Catholic Academy is pleased to provide a quality program that meets the needs of parents who require before and/or after school supervision for their children in grades kindergarten through eight. Personal discipline, social development, emotional well being and academic growth are emphasized through the following activities:

- Homework assistance
- Daily opportunities for reading
- Opportunities to participate in small group games, which provide basic skills such as sharing, taking turns, and respecting others
- Group or individual play in the gym or on the school's beautiful grounds
- Opportunities for daily imaginative play
- Opportunities to develop self-discipline through adherence to regular routines and responsibilities

The hours of operation for the program are from 3:00 to 6:00 p.m. after school, every day that school is in session. Full-day care is available on select days when school is not in session, based on the amount of children that need care for those days. The program also operates during summer vacation for full-day sessions.

Please contact Program Director Sara Koumandarakis with any questions at 216.521.0559, extension 3044 or by email at skoumandarakis@lcasaints.com.

After Care Fees

Parents interested in enrolling their child(ren) in the program should complete the form below and return it, along with a non-refundable \$60 deposit per child, to the Main Office.

Care Program daily fees are as follows:

After Care: \$15.00 per day

All Day Care (full day)* \$50.00 per day

*(offered on selected days during the school year when school is not in session – availability based on demand)

Child(ren)'s Name(s)

Grade in Fall 2019

Parent Name (1) _____ (2) _____

Address _____

City _____ State _____ Zip _____

Parent (1) Phone _____ Parent (2) Phone _____

Parent (1) Email Address: _____

Parent (2) Email Address: _____

My child will require after school care for the 2019-20 school year during the following days of the week:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

____ Days of the Week will vary

LCA AFTER CARE

CHILD PICK UP AUTHORIZATION FORM

2019-20

Child's Name: _____ Grade: _____

Home Phone # _____ Birthday ____ / ____ / ____

I give permission for my child to be released from LCA Before and Aftercare Program to the people listed below at any time. I understand that LCA Before and Aftercare Program staff will require any person listed below to show photo identification before it will release my child.

Name _____

Phone number _____

Relationship _____

Name _____

Phone number _____

Relationship _____

Name _____

Phone number _____

Relationship _____

Name _____

Phone number _____

Relationship _____

Name _____

Phone number _____

Relationship _____

Name _____

Phone number _____

Relationship _____

PARENT/ GUARDIAN Agreement

1. I must notify LCA Before and Aftercare Program immediately of any changes on this form.
2. If the person picking up my child appears to be under the influence of drugs or alcohol, or in any other way presents a risk to my child's safety, the staff may refuse to release my child. If I, or another person listed on the above form, cannot be contacted, the Lakewood Police Department will be called.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE

Parent/Guardian

Date

Dear Before/After Care Program Parents:

We make every effort to send out invoices for Before/Aftercare services as soon as each month ends. Please indicate below your method of payment:

_____ will pay with check, by 15th of month following service

_____ will pay by ACH (Direct Debit) on the 15th of month following service

Attached is the authorization form for ACH payment of Before/Aftercare services. Direct debits are processed on the 15th of the month after the month of services are incurred. (Example: September services will be debited on the October 15th).

If you signed up for ACH previously, check the box on the form accordingly. *(You do not need to complete another authorization form unless your bank information has changed).*

To sign up for ACH, please complete the attached form and send it to the LCA Business Office. If you do not sign up for ACH, your check will be due on the 15th. Thank you!

Student's Name

Parent's Signature

Date

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Parent's Signature

Date