



# SAINT COLUMBKILLE SCHOOL

A TRADITION OF EXCELLENCE

SPIRIT • SCHOLARSHIP • SERVICE

6740 Broadview Road Parma, OH 44134 216.524.4816

[www.stcolumbkilleschool.org](http://www.stcolumbkilleschool.org)

Dear Parents/Guardians,

We will begin offering Aftercare starting **Monday, February 1**. There are some changes at this time due to COVID. Please read the following:

1. Aftercare will run from 3-5 pm.
2. The cost for Aftercare is \$5.00 per hour, per student. All hours will be put into FACTS and payments must be made through the FACTS system.
3. Students will need to bring their own snack.
4. Pick-up will remain at the front doors. Please pull up, ring the bell, let us know who you are picking up. We will then dismiss your child. Due to COVID, no one will be permitted to enter the building. We will make sure your child has everything they need when you pick them up.
5. Due to COVID and social distancing, we need to know when your child will be attending Aftercare weekly. We cannot go on a day to day basis or last minute call in, as we need to staff according to the numbers. Please fill out the attached form and return it to school. This form must be on file before your student may attend Aftercare.
6. Your child will be with the same students in a classroom for the time they will be in Aftercare on the days they are attending. The students will have time for snack and bathroom followed by study hall until 4:15. The rest of the time, alternate activities will provided until 5:00. Social distancing with a small groups of students in the Gym and going outside (when weather permits) will also be provided to give them some physical activity.
7. All students must wear a mask.

If you have any questions, please feel free to contact Mrs. Bura ([cbura@stcolumbkilleschool.org](mailto:cbura@stcolumbkilleschool.org) or at 216-524-4816)

## AFTERCARE PROGRAM REGISTRATION FORM

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # (mother) \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # (father) \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_


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

Student \_\_\_\_\_ Gr. \_\_\_\_\_ Room \_\_\_\_\_

Student \_\_\_\_\_ Gr. \_\_\_\_\_ Room \_\_\_\_\_

Student \_\_\_\_\_ Gr. \_\_\_\_\_ Room \_\_\_\_\_

Please highlight the days of Aftercare you will need for the month of February:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	2	3	4	5
8	9	10	11	12
15 	16	17	18	19
22	23	24	25	26
<b>MARCH 1</b>	2	3	4	5

Does your child have any food allergies?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**All payments will be made through FACTS Tuition Management System.**