

MARINER MIDDLE SCHOOL

425 Chiquita Blvd N, Cape Coral, FL 33993

Tel. (239) 772-1848 | Fax (239) 242-1256 | mrm.leeschools.net

Morning and After-School Care

The goal of the Morning and After-School Care Programs is to provide a safe, supervised environment before and after school for the children of working families.

Hours of Operation:

- Morning Care: 7:00 AM to 9:20 AM on each day that school is in session.
- After-School Care: 4:20 PM to 6:00 PM on each day that school is in session.

Enrollment:

The enrollment form is attached to this document. It is also available in the front office and on our school website. We must receive your completed enrollment form and fees prior to your student attending Morning or After-School Care.

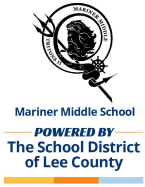
Fees:

- \$25.00 non-refundable registration fee per child
- Morning Care: \$5.00 per day (prepayment is **required** per state statute)
- After-School Care: \$5.00 per day (prepayment is **required** per state statute)
- Late fee of \$1.00 per minute for any pickups after 6:00 PM

Agreements for the Morning and After-School Care

- We place great emphasis on positive relationships between students, staff, and parents.
- We will provide a safe, supervised, friendly space for students to work, read, and/or interact socially with peers.
- Students are subject to school rules while attending the Morning or After-School Care.
- Fees must be prepaid, per state statute. The school cannot extend credit.
- Students may not be dropped off prior to the start of the morning program at 7:00 AM.
- Students must be picked up by 6:00 PM (see late fee, above).
- There is no After-School Care on Early Release Days (8/30, 10/25, 12/21, 2/28, 5/30, and 5/31)
- Medications cannot be administered during the Morning Program or After-School Care.

When these agreements are not observed, a student may face unenrollment from the morning program and/or after care.



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Fee Based Morning/After-School Care Registration Form

Student's Name: _____ Grade: _____

Additional Child: _____ Grade: _____

Additional Child: _____ Grade: _____

Address: _____

City: _____ Zip _____ Phone _____

Mother's/Guardian's Name: _____ Phone: _____

Employer: _____ Phone: _____

Father's/Guardian's Name: _____ Phone: _____

Employer: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Alternate Pickup (PM, optional): _____ Phone: _____

Please indicate the program(s) in which you will enroll.

Morning Care Enrollment

After-School Care Enrollment

Office Use Only

Registration Fee Received: \$ _____ Date: _____

Cash

Check # _____

Credit