

**Father Marquette Catholic Academy**  
**25-26 After School Program - Grades preK through 13 year olds**  
**\*\*Updated\*\***

Date\_\_\_\_\_

Information about the Child/Children to be enrolled:

Child's Name\_\_\_\_\_ Sex:\_\_\_\_\_

Entering Grade\_\_\_\_\_ Birthdate\_\_\_\_\_

Parent Information:

Mother's Name\_\_\_\_\_

Father's Name\_\_\_\_\_

Address\_\_\_\_\_

Address\_\_\_\_\_

Email\_\_\_\_\_

Email\_\_\_\_\_

Phone\_\_\_\_\_

Phone\_\_\_\_\_

Place of Employment\_\_\_\_\_

Place of Employment\_\_\_\_\_

Work Phone\_\_\_\_\_

Work Phone\_\_\_\_\_

Marital Status\_\_\_\_\_

Marital Status\_\_\_\_\_

In the event of an emergency, which parent should be our first attempted contact?

\_\_\_\_\_

Phone Number\_\_\_\_\_

If there has been a divorce, which parent has custody?\_\_\_\_\_

**Student Race/Ethnicity (Check all that apply):**

- American Indian/Native Alaskan
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White
- Other:\_\_\_\_\_
- Prefer not to say

**As space is limited, please provide the ASP coordinator with your next week's schedule by 5:00 p.m. on the Thursday before.** You can hand it in physically or email it to [afterschool@fathermarquette.org](mailto:afterschool@fathermarquette.org). This commits you to the space, and you will be charged unless your student is sick or we do not have school. **If space is not available, the coordinator will let you know on Friday.**

**Small group tutoring to be scheduled separately via signup genius or similar program each week.**

Fee: \$6/hour per student/ \$6 day minimum \*\*Updated minimum as of 2/1/26

A \$25/ family annual registration fee will be applied after the first time aftercare is used to your FACTS account

The after-school program closes promptly at 5:30. Late fees (\$2 per child/ per minute late) will be assessed beginning at 5:30. The clock on the log-in computer will serve as the official time-keeper.

By enrolling my student(s) in the FMCA After School Program and signing this form, I am accepting and agree to abide by the ASP Behavior Guidelines and Consequences found on the next page. I understand that all payments will be through FACTS.

Signature of Person Financially Responsible \_\_\_\_\_

Date \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**This afterschool program is made possible by a grant awarded by MiLEAP under 32n OST Program**

**25-26 FMCA After School Program:  
Behavior Guidelines and Consequences**

Basic classroom and safety rules are posted in the ASP room to ensure a safe, respectful, and productive environment. These rules are clearly presented to all children and revisited regularly throughout the year.

**Behavior Expectations and Consequences**

If behavioral issues arise, the following steps will be taken, in order:

**1. Discussion and Redirection**

The child will be guided to reflect on their behavior and what could have been done differently. They may be redirected to another activity or given alternative choices.

**2. Time-Out / Calm-Down Area**

If behavior continues or escalates, the child will be given time in a designated calm-down area, as appropriate for the situation.

**3. Parental Notification**

In cases of extreme behavior or repeated less serious incidents, the child's parent or guardian will be called and asked to pick the child up.

**4. Behavior Plan Meeting**

After two instances of a parent or guardian being called to pick up a child, a meeting will be scheduled. This meeting will include ASP administrators, the school principal, and the child's parent(s)/guardian(s) to develop an individualized behavior plan.

**5. Suspension or Revocation of Privileges**

If the child's behavior does not improve after the behavior plan is implemented, the privilege of participating in the ASP may be suspended or permanently revoked.

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**Acknowledgment**

I have read and understand the behavior expectations and consequences for the After School Program. I agree to support these guidelines and help my child understand the importance of appropriate behavior.

**Parent/Guardian Name (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_