



Ohio College Preparatory School • 21100 Southgate Park Blvd. • Maple Heights, Ohio 44137 • (216) 453-4550

Before and After Care School program

Dear Parents/Guardians,

Starting September 2, 2025, we will be providing a 'FREE' before and after care program for our scholars. We are excited to offer this program to assist families who do not qualify for bussing or who's work schedule impedes on arrival or dismissal times. Families who require this program can sign up for either the before school program, after school program or both if needed. Spaces are limited to forty (40) for each program.

We offer a safe, secure, and academic environment. Our hours of operation will be Monday through Thursday at the following times:

Before Care: 6:30a.m. – 7:30a.m.

After Care: 4:00p.m. – 5:00p.m.

All before-care arrivals will be met at the front door main entrance.

All after-care dismissals will be at the front entrance to the left of the awning. Please remain in your vehicle and we will dismiss your scholar to you.

Student Discipline:

The Ohio College Preparatory School Scholars are our number one priority. We feel strongly about having a positive, supportive, and structured environment. One of our many goals is to help children feel good about themselves and to encourage self-discipline.

Whenever discipline is necessary, corrective discipline is used to change the inappropriate behavior at the school. Scholars will be given a three (3) time chance to correct inappropriate behavior throughout the program. If behavior continues to persist, your Scholar will be removed from the program.

Chronic Late Pick Up:

Families are allowed a three (3) time tardy for pick up with a phone call to the school. After the second time picking up your scholar late, a warning letter will be issued. The chronic late pick up for your scholar will result in dismissal from the Before and/or After Care program. If your scholar misses three (3) sessions without a phone call to the office prior to 12:00p.m., your scholars will be removed from the program.

Please complete and return the next page with you and your scholars information, acknowledgement and signature.

Thank you so much for your support and trust!

Principal O'Callaghan

Parent/Student Acknowledgement and Details

- Yes, my scholar will be attending the Before-Care Program
- Yes, my scholar will be attending the After-Care Program
- Yes, my scholar will be attending the Before and After Care Program

Scholar Name: _____ (please print) Grade: _____

Scholar Signature: _____

Parent Name: _____ (please print)

Parent Signature: _____ Date: _____

Parent/Guardian Phone Number 1: _____

Parent/Guardian Phone Number 2: _____

Emergency Contacts in the event we cannot reach you:

1. Emergency Contact Name: _____

1. Emergency Contact Phone Number: _____

2. Emergency Contact Name: _____

2. Emergency Contact Phone Number: _____

3. Emergency Contact Name: _____

3. Emergency Contact Phone Number: _____

We _____ (parent name) and _____ (student name) understand the terms and conditions for participating in the Before and/or After Care program. We acknowledge that the scholars behavior and attendance in the program if not adhered to, will result in their removal from the program.

Scholar Signature: _____

Parent Signature: _____

Date: _____