

*St. Mary School  
106 Jackson St, P.O. Box 780  
Fishkill, NY 12524  
845-896-9561*

***Before and After School Daycare Programs 2021-22 Policies and Fees***

St Mary School offers both Before and After School Daycare Programs which extend the school day for children and ensure that children are cared for in a safe, nurturing environment. The programs provide supervised time for age-appropriate play (indoors and out), homework, reading, creative activities and games for students. The Before School Daycare Program is staffed by a supervisor and the After School Daycare Program is staffed by a supervisor and a program assistant. The programs serve only children enrolled in Pre-K through Grade Eight at St Mary School.

*Registration prior to attendance is required for all students attending either or both programs.* Enrollment and emergency contact forms are enclosed and must be returned to the office along with the registration fee of \$25 per family *prior* to attendance.

The **Before School Daycare Program** will run from 7:00am to the start of the school day at 7:45am. The program will open at 9:00 am on days when we have a 2 hour delay. Drop off will be at the school's front door. You will be required to sign in your child(ren). Students attending this program should bring their own healthy breakfast and beverage.

The **After School Daycare Program** will run from 2:30pm until 5:45pm. For half days, the program will begin at 11:30pm and end at 5:45 pm. You will be required to sign out your child(ren) when you pick them up. Students should bring their own healthy snack and a juice box or bottled water.

## Fee Schedule

Registration Fee - \$25.00 per family

Before School Daycare Program - \$6 per child, per day

### After School Daycare Program

	1 Child	2 Children	3 or More Children
Per Hour	\$6	\$10	\$12
<b>Half Days</b>			
Per Hour	\$6	\$10	\$12

## Billing

All fees for the program will be billed through the Blackbaud/ Smart Tuition account with the exception of the registration fee.

Student Name \_\_\_\_\_

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***BEFORE AND AFTER SCHOOL DAYCARE PROGRAM REGISTRATION***

**BEFORE SCHOOL**

\_\_\_\_\_My child(ren) will attend the **Before** School Daycare Program **REGULARLY**. I plan to drop them off at approximately \_\_\_\_\_ A.M. Please circle the days on which you regularly plan to use the Before School Daycare Program:

All Week      Mon              Tues              Wed              Thur              Fri

\_\_\_\_\_I would like to register my child(ren) for the **Before** School Daycare Program. I plan on using the Before School Program **OCCASIONALLY**. I understand that a note is requested one day in advance in order to use the program on an occasional basis.

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**AFTER SCHOOL**

\_\_\_\_\_My child(ren) will attend the **AFTER** School Daycare Program **REGULARLY** until approximately \_\_\_\_\_ P.M. Please circle the days on which you plan to use the After School Daycare Program.

All Week      Mon              Tues              Wed              Thur              Fri

\_\_\_\_\_I would like to register my children for the **AFTER** School Daycare Program. I plan on using the After School Program **OCCASIONALLY**. I understand that a note is requested one day in advance in order to use the program on an occasional basis.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please be sure to sign this form and enclose a registration fee of \$25. Make checks payable to St. Mary School with Before/After School Daycare Program written on the notation line of the check. **The registration form is due by August 31.** You may drop it off at school or mail it to us at: PO Box 780, Fishkill NY 12524.

Student Name \_\_\_\_\_

**Contact Information**

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

Address \_\_\_\_\_

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

Last

First

Marital Status \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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

Last

First

Marital Status \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Student Information**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child resides with \_\_\_\_\_ Relationship \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child resides with \_\_\_\_\_ Relationship \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child resides with \_\_\_\_\_ Relationship \_\_\_\_\_

**Important:** Any person/persons who are specifically not to come in contact with your child, please indicate below and offer any pertinent info:

Student Name \_\_\_\_\_

Names and Addresses of anyone other than yourself who is authorized to  
pick up your child(ren)

### Emergency Contacts if Parents Cannot Be Reached

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Allergies

Student Name \_\_\_\_\_

Allergies \_\_\_\_\_

Student Name \_\_\_\_\_

Allergies \_\_\_\_\_

Student Name \_\_\_\_\_

Allergies \_\_\_\_\_