

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

Before and After School Daycare Programs 2022-2023 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 9:00am 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 2:50pm until 5:30pm. For half days, the program will begin at 11:30pm and end at 5:30 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.

Annual Registration Fee - \$25.00 per family

Billing

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

Monthly Fee Schedule

Before School Daycare Program - \$ 108 per child per month

After School Daycare Monthly Fees

	1 Child	2 Children	3 Children
1 Day per Week	\$ 91	\$ 173	\$ 246
3 Days per Week	\$ 145	\$ 276	\$ 392
5 Days per Week	\$ 270	\$ 470	\$ 686

Late Fee - \$ 2 per minute after 5:30pm

Daily Drop Off Rate for Unscheduled/Emergency Only - \$25 per child

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. I understand that there is a monthly fee of \$ 108.

AFTER SCHOOL

____ My child(ren) will **REGULARLY** attend the **AFTER** School Daycare Program until approximately _____ P.M. Please circle the days on which you plan to use the After School Daycare Program each week.

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 only for an **EMERGENCY**. I understand that a note is requested one day in advance in order to use the program on an unscheduled basis. I understand that there is a \$ 25 Daily Drop Off Rate per child.

Parent's Signature _____ Date _____

Please be sure to sign this form and enclose a one-time, annual 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 _____

