

St. Patrick Enrichment Center ~

Before/After Care

(631)360-0185 or (631) 780-6313- Classroom

Fax – (631)360-0381

Dear Parents,

Welcome to St. Patrick Before/After Care. Enclosed you will find the registration forms you requested. Children ages 3-12 may utilize our programs for their before/aftercare needs. We are open from 7:15am until 5:45pm, Monday through Friday, except for sanctioned holidays. When returning the forms please include:

- ~ A signed and completed Registration Form
- ~ A signed copy of Fees and Regulations Agreement
- ~ A deposit payment of \$50.00. This includes a \$15.00 registration fee with the remaining credit applied to your account.

Feel free to contact the office numbers, above, for any further questions or additional information.

Sincerely,

Cynthia Marsh, Youth Administrator

Before/After Care Registration Form

Child's Name:_____

Address:_____

Town:_____State NY __ Zip code:_____

Telephone:Home_____Cell_____

Age:_____Grade_____Teacher:_____

D.O.B._____

Mother's Name_____Father's Name_____

Work Phone_____Work Phone_____

Cell Phone_____Cell Phone_____

Email address_____

Emergency contact, relationship to child, phone numbers (kindly list two contacts other than yourself

My child will attend the following days/hours:

Parent/Guardian Signature_____

Please print name here_____

Today's Date_____Child's start date_____

Fees and Regulations

1. The Before/After Care program begins on the first day of school and follows the St. Patrick School calendar. We are open on half-days, which are indicated on the calendar. We are also open on teacher conference days.
2. There is a \$15.00, non-refundable registration fee. You must re-register each year. **School registration does not mean you are automatically enrolled in Before and Aftercare. You must enroll separately every school year.**
3. All fees are to be paid every two weeks. A late fee will be imposed and added to payment if it is not received by due date.(\$10.00)
4. The program begins at 7:15 am and ends promptly at 5:45pm. We ask that you pick-up your child(ren) on time. We will bill you \$1 per minute for any time after that, as we have to pay our employees.
5. If a medical emergency arises, the staff will attempt to contact you via phone. If you cannot be reached we will contact 911- if it is deemed necessary, and/or contact your physician. Any fees incurred as a result of these measures will be the responsibility of you, as a part of your medical insurance.
6. **We do not serve snack, but all children's water bottles will be refilled. Please pack a healthy snack for your child.**
7. In the event we find that we cannot service the needs of your child, continued participation will be determined at our discretion, after contacting you.
8. **The Fees are as follows: \$10.00 per hour.**
9. **Pick-up after 5:45p.m will incur late charges of \$1 per minute.**

Fees are calculated on the quarter hour. Examples are as follows:
Drop off at 9:05, pick up at 12:10. Bill for 9:00am – 12:15 pm 3.25hours.

I understand and agree with the above written fees and regulations.

Parent or Guardian Signature

Date

Additional Children for Before/Aftercare

Child's Name_____

Birthdate_____Age_____

Grade_____

Teacher's Name_____

Medical conditions_____

Child's Name_____

Birthdate_____Age_____

Grade_____

Teacher's Name_____

Medical conditions_____

Child's Name_____

Birthdate_____Age_____

Grade_____

Teacher's Name_____

Medical conditions_____

*St. Patrick Youth Community
Enrichment Program
Before and After Care*

Please fill out credit card information

We will send an email before billing your account

St. Patrick Church, Smithtown
Credit Card Authorization Form

NAME _____

ADDRESS _____

PHONE # _____

PAYMENT TYPE ☐ VISA ☐ MASTERCARD

CREDIT CARD # _____

EXPIRATION DATE _____

CVV # (BACK OF CARD) _____

SIGNATURE _____