



Holy Angels Regional School

1 Division Street

Patchogue, NY 11772

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www.holyangelsregional.org

Before/After Care & Homework Club

2024-2025 Pre-K– 8th Grade Students

Holy Angels is pleased to provide a quality Before & After Care Program that meets the needs of parents who require before and after care school supervision for their school age child/(ren) in grades Pre-K through 8th grade. Personal discipline, social development, emotional well-being, as well as recreational, health and safety skills are emphasized through the following activities.

- Quiet time to work on homework individually or with a teacher's help as needed
- Daily opportunities for reading
- Opportunities to participate in small group games, which provide basic skills such as sharing, taking turns, and respecting others
- Group or individual play
- Opportunities for daily imaginative play
- Daily reinforcement of health, hygiene, and classroom safety
- Opportunities to develop self-discipline through adherence to regular routines and responsibilities

The hours of operation for the program are from 7:00 a.m. to 8:00 a.m. before school and from 2:45 p.m. to 6:00 p.m. after school.

These programs will be offered only if there is sufficient enrollment.

Please contact Program Director Ms. Katie Mitchell with any question by email at kmitchell5573@holyangelsregional.org.

See reverse side for Registration Form and Fees.

REGISTRATION FORM: Before/After School Care Fees 2024-2025

Parents interested in enrolling their child(ren) in the program should complete the form below and return it, along with the registration fee (see fee schedule below).

Registration Fees:

Before Care: \$35 per child – (after August 25, 2024 - \$40 per child)

Aftercare: Early Registration- \$70.00 per child
(after August 25, 2024 - \$85.00 per child)

Before and Aftercare daily fees:

Before Care Rate: \$25.00 per child per day

Aftercare: \$18.00 per hour for 1 child; \$25.00 per hour per family

Emergency Use - \$ 25.00 an hour for 1 child, \$27.00 per family.

No registration required.

BEFORE/AFTER SCHOOL CARE REGISTRATION

Student(s) _____ Grade _____ (BSC) _____ (ASC)
_____ Grade _____ (BSC) _____ (ASC)
_____ Grade _____ (BSC) _____ (ASC)

(Check BSC for (Before School Care), ASC for (After School Care))

Days (circle choices): Monday Tuesday Wednesday Thursday Friday

Total Registration Fee included: \$ _____

Parent Signature: _____ Print Parent Name: _____

Parent Contact Number: _____ Approximate time of child pick up: _____

Parent Email: _____
(Please print clearly)

Name of person(s) picking up child/(ren) _____

Contact Telephone: _____