



ST. MARTIN OF TOURS SCHOOL

Believe and Become

WWW.SMTSCHOOL.ORG

Roderick Parisi
Principal
rparisi5606@smtschool.org

30 Union Avenue
Amityville, NY 11701
Tel.: (631) 264-7166
Fax: (631) 264-0136

Dear Parents/Guardians:

Welcome to the **Before-After School Care Program**. The program will begin on Monday, September 8th, 2025. Enclosed you will find important papers that pertain to the program. Please read this letter carefully, as some changes have been made to the program. In addition, there are papers that must be completed and returned on the first day your child attends the program.

The cost will be \$28 for a regular day and \$35 for a half day. Also, children will go to the after school room at dismissal and then be brought to any after school activity they are attending.

Emergency Form:

This form must be filled out completely. Please make sure all phone numbers are accurate and that the contact person is reachable. If there should be any changes throughout the school year with your contact information or with your child's health, please notify us immediately. The Aftercare Coordinator will administer minor first aid to your child, should the need arise. (i.e.: a small cut, minor bumps, etc.) If you do not wish for us to administer minor first aid, please forward your wish in writing and we will call you for further instructions.

After-School Attendance Sheet:

Please make copies of the attached form. This form will inform your child's teacher of the day(s) s/he will be attending the program. It must be filled out on a weekly basis. If you have more than one child attending, each child needs to hand in a form to his/her teacher. The teacher forwards all attendance forms to the Secretary, who then prepares the After School attendance list for the day.

Homework:

Homework time is provided after the afternoon snack. Children are separated into their respective grades and homework is started. First and second grades get homework assistance from a parent volunteer or the coordinators. Third through eighth graders work on their homework on their own and assistance is provided at the child's request.

All children have homework Monday through Friday. It should be done at the After School program, unless we have a written note from the parent or guardian directing us differently. If your child refuses to do his/her homework, you will be notified at pick up time. All homework should be reviewed at home and signed by you. We do not check homework or assignment pads. Homework is required to be signed by parents or guardians for all teachers.

Inclement Weather:

Program will close due to bad weather. If the program is ever closed during the school year, you will be notified well in advance so that you may find other arrangements. On Halloween, the program closes one hour early (5:00 pm), so that the volunteers may take their children trick-or-treating.

THE PROGRAM ENDS PROMPTLY AT 6:00 PM:

You will be charged \$5.00 for every minute past this time. We encourage you to be prompt and avoid late fees.





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May 6, 2025

***Note:** Due to insurance regulations, staff members are not permitted to drive any children home. You must make arrangements to have your child picked up each day. If any person other than the parent or guardian picks up your child, the staff must be notified by note or phone and ID will be required from that person.

BEFORE SCHOOL CARE:

Before School Care begins at 6:50 am. Students may be dropped off from 6:50 am on. Students must be escorted into the building to ensure they are signed in by school personnel. **Parents must call the school by 9:00 am the day before they need to use the Before School Program.**

Please provide us with your email, as we would like to share information with you concerning upcoming events.

Our purpose is to make this program a happy and rewarding experience for your child. If your child has any specific needs or concerns, please do not hesitate to contact us. We look forward to another wonderful year working with your child.

Sincerely,

Roderick Parisi

Please detach and return the Agreement Form below for the 2025-2026 school year.

I have read and understand the Before-After School Care Program guidelines:

Name(s) of child(ren): _____

Parent/Guardian's Name: _____

Signature of Parent/Guardian: _____

Date: _____

Email Address: _Email Address_____





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Before and After-School Care Registration Form 2025-2026

The St. Martin's Before and After-School Care Program operates Monday through Friday, from 6:50 am to 7:50 am and 2:30 pm until 6:00 pm every day that school is in session. It is created for grades Nursery through sixth grade with the working parents in mind. It is designed to alleviate working parents' worries.

We will provide an affordable, responsible and caring program with social, recreational and educational activities.

*** Healthy Snacks * Outdoor Recreation * Games & Activities * Homework Assistance**

Registration for the Before/After School Care Program is as follows:

Before Care - \$10/day; \$5 each additional child

After care - \$28/day; \$18 each additional child

½ days PM - \$35/day; \$20 each additional child

Registration

\$ 40.00 Annual Registration Fee one child, non-refundable

\$ 20.00 Annual Registration Fee for each additional child in your family

The Before School Care operates Monday through Friday from 6:50 am to 7:50 am every day school is in session. **PARENTS MUST CALL THE SCHOOL BY 9:00 AM THE DAY BEFORE THEY NEED BEFORE SCHOOL CARE.**

If you are interested in having your child attend the Before/After-School Care Program in September, please fill out the registration form below and return it to the school office by Friday, September 5th, 2025. **Only children registered for the Before/After School Care Program may attend.**

ST. MARTIN OF TOURS BEFORE/AFTER CARE PROGRAM REGISTRATION FORM

CHILD'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CHILD'S AGE: _____

PARENT'S NAME: _____

MOTHER'S WORK PHONE: _____ FATHER'S WORK PHONE: _____

MOTHER'S CELL PHONE: _____ FATHER'S CELL PHONE: _____

MOTHER'S EMAIL: _____ FATHER'S EMAIL: _____



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**Before and After-School Care 2025-2026
Student Emergency Sheet**

Please print all information in black ink and complete fully

STUDENT'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____
Street Town Zip Code

MOTHER'S NAME: _____
Last First Maiden

TELEPHONE: _____

BUSINESS ADDRESS: _____ TELEPHONE: _____

FATHER'S NAME: _____ CELL PHONE: _____

BUSINESS ADDRESS: _____ TELEPHONE: _____

CELL PHONE: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

ADDRESS: _____

LIST TWO PERSONS TO CONTACT IN AN EMERGENCY IF WE ARE UNABLE TO REACH YOU. THEY SHOULD RESIDE IN THE IMMEDIATE AREA OF THE SCHOOL.

NAME: _____ TELEPHONE: _____

RELATIONSHIP: _____

NAME: _____ TELEPHONE: _____

RELATIONSHIP: _____

CHILD'S TEACHER: _____ ROOM: _____

PARENT'S SIGNATURE: _____

