

St. Patrick School, Smithtown

Before & After Care Registration

Please be sure to read all information associated with the Before & After Care Program located on the SPS website BEFORE completing this form. When complete, please return the form to Mrs. Urso (School Counselor).

There is a \$50 (non-refundable) registration fee per family that will be charged via your FACTS account. All monthly charges for Before and/or After Care will be charged via FACTS. Registration does not carry over to next school year and is not automatic. Therefore, a student must be re-enrolled each school year.

The Before Care program is available for all students starting at 7:15AM. Students in grades K-8 will dismiss Before Care at 8:00AM. Students in Nursery and/or Pre-K will dismiss at 8:20AM.

The After Care program is available for all students and will run from dismissal to 5:45PM. There is a fee for late pick-up. After Care is available on Early Dismissal days.

Once a student is registered, they can attend Before AND After Care when needed. Specific days/dates are not required for registration. It is up to the parent to communicate with the classroom teacher what day(s) the child will attend After Care. If there is a change in a student's schedule, the parent must notify the teacher with a note.

Any adult picking up a student is required to present the After Care staff with identification. This applies to "emergency contacts" and "adults authorized by parent" as well.

If you have any questions, please reach out to Mrs. Urso (Before/After Care coordinator) at urso7172@spssmith.org or Mrs. Darmanin (Principal) at rdarmanin7172@spssmith.org.

St. Patrick School, Smithtown
Before & After Care Registration

Student Information

Child One:

First Name: _____ Last Name: _____

Grade: _____

Health Concerns (conditions, allergies, etc.): _____

Child Two:

First Name: _____ Last Name: _____

Grade: _____

Health Concerns (conditions, allergies, etc.): _____

Child Three:

First Name: _____ Last Name: _____

Grade: _____

Health Concerns (conditions, allergies, etc.): _____

Child Four:

First Name: _____ Last Name: _____

Grade: _____

Health Concerns (conditions, allergies, etc.): _____

Parent/Guardian Information

Parent/Guardian One:

Name: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Parent/Guardian Two:

Name: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Emergency Contact (other than parent/guardian):

Name: _____ Cell Number: _____

Relationship to student: _____

Additional individuals authorized to pick up child(ren):

Name: _____

Relationship to student: _____

Phone number: _____

Name: _____

Relationship to student: _____

Phone number: _____

Name: _____

Relationship to student: _____

Phone number: _____

Parent/Guardian Signature: _____ **Date:** _____