



Maria Regina School
4045 Jerusalem Avenue
Seaford, New York 11783
(516) 541-1229 FAX (516) 541-1235
www.mariareginaschool.org

AFTER CARE PROGRAM

Welcome to the Maria Regina School After Care Program.

Days Offered:

Monday to Friday – 2:30 – 6 PM – For Full Day Nursery through Grade 8

Half Days – 12 Noon – 6 PM with the exception of certain half days including the day before Thanksgiving, the day before Christmas vacation, and the Wednesday of Holy Week. In the event of a storm, you will be notified if After Care must be cancelled.

- ❖ Every family must register each year if using the program. The official After Care Form must be submitted to the teacher prior to or on the day your child is attending.
- ❖ All requests for After Care **MUST** be in writing.
- ❖ Your child is encouraged to bring a snack and a drink in a brown lunch bag, labeled with your child's name. **Due to severe food allergies, snack will not be provided by the school.**
- ❖ You will be billed by the end of each month. Total payment is due by the 30th of the next month.
- ❖ **Any account that is overdue for two months will result in the termination of the child in the program until the account is paid in full.**
- ❖ Based on this information, if you plan to use the program, please complete the attached forms and return to Mrs. Wheeler.

After Care Program Rates

YEARLY REGISTRATION FEE: \$25 – DUE WITH COMPLETED APPLICATION
ONE CHILD - \$10 PER HOUR UP TO 20 HOURS PER MONTH. 21 PLUS HOURS - \$275 MONTHLY RATE
2 OR MORE CHILDREN - \$15 PER HOUR UP TO 20 HOURS PER MONTH 21 PLUS HOURS - \$275 PER MONTH
LATE FEES - \$10 FOR EVERY 15 MINUTES AFTER 6 PM STRICTLY ENFORCED and WILL BE ADDED TO TOTAL BILL AT THE END OF THE MONTH.

Maria Regina School – After Care Program

Please complete one form per family and return ASAP with Registration fee.

AFTER CARE REGISTRATION FORM (PLEASE PRINT)

Family Name	
Child's Name	Grade
Child's Name	Grade
Child's Name	Grade
Child's Name	Grade
Address	
Home Phone Number	
Mother's Work Phone	Cell Phone
Father's Work Phone	Cell Phone
Doctor's Name and Phone	
Dentist's Name and Phone	
Emergency Name and Phone#1	Relationship
Emergency Name and Phone#2	Relationship
Emergency Name and Phone#3	Relationship
<u>List of names and phone numbers of adults authorized to pick up your child</u>	
1.	Relationship
2.	Relationship
3.	Relationship
4.	Relationship
List any allergies:	
Detail any other medical information	

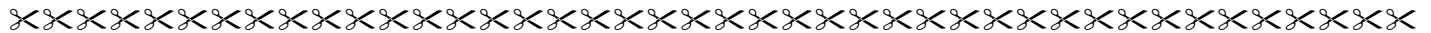
Registration Fee: \$25 per family must be enclosed

I am aware that at the discretion of the principal, my child may be suspended or excluded from the After Care Program. The reason may be but is not limited to unacceptable behavior, refusing to cooperate, untimely submission of fees, and/or repeated arrival after 6:00 PM to pick up child.

Parent's Signature

After Care Request Form

Child's Full Name:
Class/Teacher:
Date Staying:
Day of Week:
Approximate Pick Up Time:
If your child is being picked up by someone other than their normal pick up person, please make sure they bring a license for identification and security reasons and write their name here:



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Class/Teacher
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