

OUR LADY OF PROVIDENCE REGIONAL SCHOOL

2018-2019 SCHOOL YEAR

Before School and After School Programs

\*\*Begins 9/10 for grades 1-8, 9/17 for PreK and Kindergarten\*\*

Times and prices per month are as follows:

<b>Before School Program</b>	<b>7:15-8:45 AM</b>	<b>\$100/child</b>	<b>\$125/family</b>
<b>After School Program</b>	<b>3:10-5:45 PM</b>	<b>\$200/child</b>	<b>\$300/family</b>
<b>Both Before and After Programs</b>		<b>\$250/child</b>	<b>\$350/family</b>

If you wish your child to participate, please fill-out the form below. Your first month's payment must accompany the form. It is **very important** that we have the form for emergency purposes.

**This is a Special Service we provide and payment is expected promptly. Your payment is due no later than the 15<sup>th</sup> of each month.** If payment is not received on time each month, your child will not be permitted to remain in the program.

Any parent wishing to use the services of the Before and/or After Program occasionally, each day will be charged a fee of:

**BEFORE PROGRAM - \$8/child/day**

**AFTER SCHOOL PROGRAM - \$15/child/day**

During After School hours, please call the program CELL PHONE # (631) 994-0888

**ANY CHILD LEFT AFTER 5:45 PM WILL INCUR  
A \$15 PER 15 MINUTES PER CHILD FEE**

Thank you,  
Ms. Sharon Swift  
Principal

Child's Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish my child(ren) to attend: Before School Program \_\_\_\_\_  
After School Program \_\_\_\_\_  
Both Programs \_\_\_\_\_

Emergency Parent Number  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Who will be picking up your child?  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

If you can not be reached, please indicate the person and telephone number to be called: \_\_\_\_\_