### <u>Days Available</u> Monday through Friday when the preschool is open

Hours Available
Before Care Between:
7:30am - 9:15am
After Care Between:
3:15pm - 6:00pm

#### **FEES:**

<u>Daily Fee (for occasional use):</u> 15-30 minutes - \$10.00 7:30-9:15 - \$17 / 3:30-6:00 - \$22

## **Full Time Morning Session (7:30-9:15)**

Five Mornings - \$207/month Three Mornings - \$125/month Two Mornings - \$95/month

## Full Time Afternoon Session (3:15-6:00)

Five Afternoons - \$300/month Three Afternoons - \$175/month Two Afternoons - \$130/month

# Full Time Morning & Afternoon

(7:15-9:15 & 3:15-6:00) Five Days - \$360/month Three Days - \$218/month Two Days - \$155/month St. Luke Preschool provides before and after care supervision for our students. Our dedicated staff will be caring for your child in a loving and safe environment.



Before and/or After Care may include:
Indoor/Outdoor Play
Supervised Play Activities
Story Time
Drink/Snack will be provided for After Care Students

There is a 10% discount for the second child.

Required Pick Up Time is 6:00pm. A late fee of \$10 for every 10 minutes will be charged for any child not picked up by 6:00pm.

Fees are billed monthly and are due on the 10th of the month. A \$10.00 fee will be charged for any late payments.

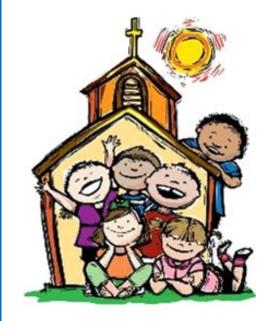
\*A \$50.00 non-refundable deposit is required with this application. This deposit will be applied to your last payment.

## ST. LUKE PRESCHOOL

20 Candlewood Path Dix Hills, NY 11746 631-462-5216

www.stlukedixhills.org

## BEFORE/AFTER CARE PROGRAM 2023-2024



			- (
Please check the class your child attends:	s your child attends:	Preschool Pre-K	Cash Received By:
Child's Name:			Sex:
Last Name	ue ue	First Name	
Address:		City	7m
Home Phone #		(II)	diz
Does your child have any allergies?	.gies? Yes	No	
If yes, please specify:			
 <del>'G</del>	Before Care	After Care Both Before	Both Before & After Care
What days will your child atter	nd? (Please circle all	child attend? (Please circle all days he/she will attend): M T W TH	W TH F
Will you be using Before and/or After Care on an occasional basis?	or After Care on an o	occasional basis? Yes	No
Parent/Guardian Information:			
Name:		Relationship To Child:	
Place of Business:		Work Hours:	
Cell Phone #:		Work Phone #:	
Name:		Relationship To Child:	
Place of Business:		Work Hours:	
Cell Phone #:		Work Phone #:	
Please provide us with two em	ergency contacts in t	Please provide us with two emergency contacts in the event you cannot be reached:	
Name:		Relationship To Child:	
Home Phone #	Cell Phone #:	#: Work Phone #:	
Name:		Relationship To Child:	
Home Phone #	Cell Phone #:	#: Work Phone #:	:#

I give permission for the staff of St. Luke Preschool to administer first aid to my child. In an emergency, when the parties listed above cannot be reached, I authorize that appropriate measures be taken to secure treatment, including arranging for transportation to the nearest emergency room.

Date: Parent's Signature: