

Days Available
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:

Daily Fee (for occasional use):
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.stludedixhills.org

**BEFORE/AFTER CARE
PROGRAM
2026-2027**



BEFORE/AFTER CARE REGISTRATION FORM

Please check the class your child attends: _____ Preschool _____ Pre-K

Check # _____
Cash _____
Received _____
By: _____

Child's Name: _____ Sex: _____

Address: _____
Last Name _____ First Name _____
Street _____ City _____ Zip _____

Home Phone # _____

Does your child have any allergies? _____ Yes _____ No

If yes, please specify: _____

Will your child attend: _____ Before Care _____ After Care _____ Both Before & After Care

What days will your child attend? (Please circle all days he/she will attend): M T W TH F

Will you be using Before and/or After Care on an 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 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 #: _____

Please share any information that would be useful in providing for your child's needs:

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.

Parent's Signature: _____ Date: _____