

**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 - \$6.00

7:30-9:15 or 3:30-6:00 - \$10/hr.

**Morning Session Only (7:30-9:15):**

(10 or less days per month)

\$120/month

(over 10 days is \$12/day)

**Afternoon Session Only (3:15-6:00)**

(10 or less days per month)

\$170/month

(over 10 days is \$17/day)

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

Five Mornings - \$199/month

Three Mornings - \$115/month

Two Mornings - \$84/month

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

Five Afternoons - \$285/month

Three Afternoons - \$165/month

Two Afternoons - \$120/month

**Full Time Morning & Afternoon**

(7:15-9:15 & 3:15-6:00)

Five Days - \$346/month

Three Days - \$200/month

Two Days - \$146/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.stlucedixhills.org](http://www.stlucedixhills.org)**

**BEFORE/AFTER CARE PROGRAM**



# 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: \_\_\_\_\_