

St. Patrick Enrichment Center ~ 280 East Main Street

Smithtown, New York 11787

(631)360-0185 or (631) 780-6313- Classroom

Fax – (631)360-0381

Dear Parents,

Welcome to St. Patrick Enrichment and Learning Center. Enclosed you will find the registration forms you requested. Children ages 3-12 may utilize our programs for their enrichment and before/aftercare needs. We open from 7:15am until 6:00pm, Monday through Friday, with the exception of sanctioned holidays. When returning the forms please include:

- ~ A signed and completed Registration Form
- ~ A signed and completed Health form. Any Epi-pens, inhalers etc, must also be included.
- ~ A signed copy of Fees and Regulations Agreement
- ~ A deposit check of \$50.00. This includes a \$15.00 registration fee with the remaining credit applied to your account.

Feel free to contact the office numbers, above, for any further questions or additional information. We look forward to seeing you soon!

Sincerely,

Cynthia Marsh, Youth Administrator

Enrichment/Before-After Care Form

Child's Name: _____

Address: _____

Town: _____ State NY __ Zip code: _____

Telephone: Home _____ Cell _____

Age: _____ Grade _____ D.O.B. _____

Mother's Name _____ Father's Name _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____

Emergency contact, relationship to child, phone numbers (kindly list two contacts other than yourself)

My child will attend the following days/hours/(fill out monthly form when you receive it.)

This is a registration form. I understand I must also fill out the necessary Health/Emergency form and sign the Fees & Regulation agreement prior to my child beginning the program.

Parent/Guardian Signature _____

Please print name here _____

Today's Date _____ Child's start date _____

Fees and Regulations

1. The enrichment program begins on the first day of school and follows the St. Patrick School calendar. We are open on half-day , which are indicated on the calendar. We are also open on teacher conference days. Check our monthly calendar for roster changes.
2. SCHOOL REGISTRATION DOES NOT MEAN YOU ARE REGISTERED FOR BEFORE AND AFTER CARE. YOU MUST REGISTER SEPARATELY, EVERY SCHOOL YEAR.
3. All fees are to be paid on a monthly basis. A late fee will be imposed and added to payment if it is not received by due date.(\$10.00)
4. The program begins at 7:15 am and ends promptly at 6:00pm. We ask that you pick-up your child(ren) on time. There will be a charge imposed for late pick up. (\$1.00 per minute after 6 pm)
5. If a medical emergency arises, the staff will attempt to contact you via phone. If you cannot be reached we will contact 911- if it is deemed necessary, and/or contact your physician. Any fees incurred as a result of these measures will be the responsibility of you, as a part of your medical insurance.
6. We serve snack on a daily basis. Parents/guardians must notify the Enrichment staff of any medical conditions and/or allergies which might preclude him/her from snack.
7. In the event we find that we cannot service the needs of your child, continued participation will be determined at our discretion, after contacting you.
8. Parents or guardians must notify the Enrichment Program at 631-780-6313, preferably the night before, if your child will not be present on the scheduled day.
9. Monthly rosters are due one week prior to the beginning of the next month.(except for September)Any changes to this schedule must be done by Friday before the week is affected by the change. We need your help in planning and preparing for your child.
10. The Enrichment Program Fees are as follows: \$8.00 per hour

Fees are calculated on the quarter hour. Examples are as follows:
Drop off at 9:05, pick up at 12:10. Bill for 9:00am – 12:15 pm 3.25hours.

I understand and agree with the above written fees and regulations.

Parent or Guardian Signature

Date

Additional Children for Before/Aftercare

Child's Name _____

Birthdate _____

Teacher's Name _____

Medical conditions _____

Child's Name _____

Birthdate _____

Teacher's Name _____

Medical conditions _____

Child's Name _____

Birthdate _____

Teacher's Name _____

Medical conditions _____

*St. Patrick Youth Community
Enrichment Program
Before and After Care*

Please fill out credit card information

We will send an email before billing your account

St. Patrick Church, Smithtown
Credit Card Authorization Form

NAME _____

ADDRESS _____

PHONE # _____

PAYMENT TYPE VISA MASTERCARD

CREDIT CARD # _____

EXPIRATION DATE _____

CVV # (BACK OF CARD) _____

SIGNATURE _____