



LEARNING • ACHIEVEMENT • GROWTH • DIRECTION



POCANTICO HILLS CENTRAL SCHOOL

599 Bedford Road • Sleepy Hollow, N.Y. 10591 • 914-631-2440 • fax 914-631-3280 • www.pocanticohills.org

After-Care Program 2018-2019

914-631-2440, ext. 713

The After-Care Program provides a variety of engaging activities, including homework support for children in Pre-K-4th grades on Mondays-Fridays from 2:55 until 6:00 p.m. when school is in session. It is located in the Pre-K classrooms and the adjacent playground. If there is a holiday, a school closing, or school closes early for inclement weather, the After-Care Program will **not** operate. If there is a half-day scheduled on the school calendar, the program will operate beginning at 11:45 a.m. In the event of a delayed school opening, the After-Care Program will operate as usual. Pick-up is at the Gate 1 circle. Children are admitted on a first come first served basis, and our maximum capacity is 30 on any given day. For additional information, contact Dawn Horecky, at dhorecky@pocanticohills.org or Carolina Reason at aftercare@pocanticohills.org.

Additionally, there is a 4:00 p.m. bus available to students in the After-Care program. Please let us know if you would like your child(ren) to take this bus.

Registration and Fees

Registration is on a monthly basis and **fees are due 15 days in advance of service**. The After-Care Program will begin on September 4th. Registration for September is due no later than August 30th. Make checks payable to "The Pocantico Hills School" and send to the attention of: Carolina Reason, District Office. ***see back for payment due dates.*

<u>First Child</u>	<u>Additional Siblings (20% off)</u>
5 days per week - \$375	\$300 per child
4 days per week - \$325	\$260 per child
3 days per week - \$275	\$220 per child
2 days per week - \$200	\$160 per child
1 day per week - \$100	\$80 per child

Pocantico Hills After-Care Registration Form 2018-2019

Number of Children: ___ at ___ Days Per Week

Days Requested: M ___ T ___ W ___ Th ___ F ___

Check here if your child(ren) will take the 4:00 p.m. bus

Monthly Total Fee Enclosed: _____

List Names and Grades of Each Child: _____

Best Contact Number(s) During After-Care Hours: _____

Primary Pick-up Person: _____ Relationship to Student: _____

***Please be sure to send in a change of clothes, along with a snack/snacks for your child.*

This form reserves your spot in the program for the 2018-2019 school year. Attendance is specific to days of enrollment. You cannot switch days or make up days. Please note, there are no refunds or credits for days not attended or cancelled enrollment. By signing below, I understand and agree to the terms and conditions of the After-Care Program.

Parent/Guardian Signature

Date

Payment for:
September 2018
October 2018
November 2018
December 2018
January 2019
February 2019
March 2019
April 2019
May 2019
June 2019

Due Date:
August 30, 2018
September 15, 2018
October 15, 2018
November 15, 2018
December 15, 2018
January 15, 2019
February 15, 2019
March 15, 2019
April 15, 2019
May 15, 2019

No child will be allowed to attend After Care on the 1st of the month without being paid in full by the 15th of the previous month.

Once registered, additional information will be sent (emergency contacts, early dismissal pick up, etc.).