AFTERCARE PROGRAM
2019-2020 Registration Packet

Director: Dawn Horecky, dhorecky@pocanticohills.org

Assistant Director: Carolina Reason, aftercare@pocanticohills.org

Program Aides: Hazel Wisdom, Daniel Downes aftercare@pocanticohills.org
WHO WE ARE:

We are a caring staff, building positive relationships with students in a fun, creative & safe environment. We provide a variety of engaging activities, including homework support for children in Pre-K-4th grades.

WHAT WE DO

**A Typical Day in After Care**

- Attendance/Transition (Pre-K thru 1st, 2nd thru 4th)
- Snack
- Homework Help/Tutoring (2nd thru 4th grade)
- Arts & Crafts
- Outdoor Play
- Field Trips
- Friday - Movie Day (we pop our own popcorn!)
- Enrichment Activities
  - Games, Puzzles, Parachute, Pyramid Cup Building, Dress up, Puppet Shows
  - Cooking (and we don’t just mean food – we make Play-Doh & Slime!)
  - Legos, Blocks, Magnets

- Team Building
- Reinforcement of Positive Behaviors –
  - Kindness
  - Respect – for yourself & others
  - Perseverance
  - Empathy
- Responsibility
- Creativity
- Mindfulness

PROGRAM DATES: Tuesday, September 3, 2019 through Wednesday, June 24, 2020.

HOURS: 3:00 p.m. – 6:00 p.m.

LUNCH/SNACK/BEVERAGE: Your child will need (2) snacks and a water bottle daily. On half-days the cafeteria will be closed so please provide lunch, snacks and drinks for Aftercare.

SCHOOL CLOSINGS: 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.

LATE ARRIVAL: If a child is not picked up by 6:00 p.m. a late fee of $10.00 for every 15 minutes or any part thereof. The fee will be due with regular tuition fees.
2019-2020 AFTERCARE FEES

MONTHLY FEES:

<table>
<thead>
<tr>
<th>First Child</th>
<th>Additional Child (20% Off)</th>
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</thead>
<tbody>
<tr>
<td>5 days per week - $375</td>
<td>$300 per child</td>
</tr>
<tr>
<td>4 days per week - $325</td>
<td>$260 per child</td>
</tr>
<tr>
<td>3 days per week - $275</td>
<td>$220 per child</td>
</tr>
<tr>
<td>2 days per week - $200</td>
<td>$160 per child</td>
</tr>
<tr>
<td>1 day per week - $100</td>
<td>$80 per child</td>
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</tbody>
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Registration for September is due no later than August 30th

PAYMENT SCHEDULE 2019/2020:

<table>
<thead>
<tr>
<th>Payment for:</th>
<th>Is Due on:</th>
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<tbody>
<tr>
<td>September 2019</td>
<td>August 30, 2019</td>
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<tr>
<td>October 2019</td>
<td>September 15, 2019</td>
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<tr>
<td>November 2019</td>
<td>October 15, 2019</td>
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<tr>
<td>December 2019</td>
<td>November 15, 2019</td>
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<tr>
<td>January 2020</td>
<td>December 15, 2019</td>
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<td>February 2020</td>
<td>January 15, 2020</td>
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<td>March 2020</td>
<td>February 15, 2020</td>
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<tr>
<td>April 2020</td>
<td>March 15, 2020</td>
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<tr>
<td>May 2020</td>
<td>April 15, 2020</td>
</tr>
<tr>
<td>June 2020</td>
<td>May 15, 2020</td>
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PAYMENTS:
1. Balances due must be paid no later than the 15th of the prior month.
2. Payments can be made with a personal check or money order made payable to “The Pocantico Hills CSD”. Payments can also be made via your MySchoolBucks account with Visa, Discover, or MasterCard (MySchoolBucks does not accept American Express).
3. If sending checks in with your child, please put it in a sealed envelope labeled AFTERCARE to the attention of: Carolina Reason, District Office.
4. There are no refunds or credits for days not attended or cancelled enrollment.

Note: If your payment is not submitted by the due date, your child may not be guaranteed a spot for that month.
2019-2020 AFTERCARE REGISTRATION

Child’s Name: ________________________________
First ________________________________
Last ________________________________

Teacher ________________________________
Grade ________________________________

Days Requested: M ___ T ___ W ___ Th ___ F___
Total # of Days: _______________________

Child’s Name: ________________________________
First ________________________________
Last ________________________________

Teacher ________________________________
Grade ________________________________

Days Requested: M ___ T ___ W ___ Th ___ F___
Total # of Days: _______________________

Child’s Name: ________________________________
First ________________________________
Last ________________________________

Teacher ________________________________
Grade ________________________________

Days Requested: M ___ T ___ W ___ Th ___ F___
Total # of Days: _______________________

Address – No., Street: ________________________________
City, State, Zip: ________________________________

I will be picking up my child(ren) from Aftercare on: M ___ T ___ W ___ Th ___ F___

Bus Transportation - My child(ren) will take the 4 p.m. bus on: M ___ T ___ W ___ Th ___ F___

NOTE: Full Days: The only bus transportation provided is at 3 p.m. and 4 p.m.
Half Days: The only transportation provided on a half day is at 11:45 a.m. dismissal.

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

Primary Pick-up Person: ________________________________

Relationship to Student: ________________________________

POCANTICO HILLS CENTRAL SCHOOL DISTRICT, 599 Bedford Road, Sleepy Hollow, NY 10591
CONTACT INFORMATION:

Parent/Guardian name: ____________________________ Relationship to child: ______________
Address (#, Street, City, State, Zip):
___________________________________________________________________________________
Phone #1: ____________________________ Phone #2: ____________________________
Email: ____________________________

Parent/Guardian name: ____________________________ Relationship to child: ______________
Address (#, Street, City, State, Zip):
___________________________________________________________________________________
Phone #1: ____________________________ Phone #2: ____________________________
Email: ____________________________

EMERGENCY CONTACT INFORMATION:

Contact name: ____________________________ Relationship to child: ______________
Address (#, Street, City, State, Zip):
___________________________________________________________________________________
Phone #1: ____________________________ Phone #2: ____________________________
Email: ____________________________

EMERGENCY CONTACT INFORMATION:

Contact name: ____________________________ Relationship to child: ______________
Address (#, Street, City, State, Zip):
___________________________________________________________________________________
Phone #1: ____________________________ Phone #2: ____________________________
Email: ____________________________

By signing below, I understand and agree to the terms and conditions of the Aftercare Program.

______________________________ ____________________________
Parent/Guardian Signature Date