



# AFTERCARE PROGRAM

## 2019-2020 Registration Packet

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



## 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-4<sup>th</sup> grades.

# WHAT WE DO

## A Typical Day in After Care

- Attendance/Transition (*Pre-K thru 1<sup>st</sup>, 2<sup>nd</sup> thru 4<sup>th</sup>*)
- Snack
- Homework Help/Tutoring (*2<sup>nd</sup> thru 4<sup>th</sup> 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 6:00p.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:

First Child	Additional Child (20% Off)
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

Registration for September is due no later than August 30<sup>th</sup>

### PAYMENT SCHEDULE 2019/2020:

Payment for:

Is Due on:

September 2019	August 30, 2019
October 2019	September 15, 2019
November 2019	October 15, 2019
December 2019	November 15, 2019
January 2020	December 15, 2019
February 2020	January 15, 2020
March 2020	February 15, 2020
April 2020	March 15, 2020
May 2020	April 15, 2020
June 2020	May 15, 2020

### PAYMENTS:

- Balances due must be paid no later than the 15<sup>th</sup> of the prior month.
- 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).
- If sending checks in with your child, please put it in a sealed envelope labeled AFTERCARE to the attention of: Carolina Reason, District Office.
- 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

Today's Date: _____
---------------------

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: \_\_\_\_\_

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**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