



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 2017-2018** **914-631-2440, ext. 158**

The After-Care Program provides a variety of engaging activities, including homework support for children in Pre-K-4<sup>th</sup> 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.

*Additionally, there is now 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 5<sup>th</sup>. Registration for September and October are due no later than September 5<sup>th</sup>. Make checks payable to "The Pocantico Hills School" and send to the attention of: Bonnie Berry, Superintendent's Office.

<b><u>First Child</u></b>	<b><u>Additional Siblings (20% off)</u></b>
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 2017-2018**

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 2017-2018 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 without proper notification. By signing below, I understand and agree to the terms and conditions of the After-Care Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date