



# AFTERCARE PROGRAM

## 2020-2021 Registration Packet

Please e-mail your completed application to  
[Aftercare@pocanticohills.org](mailto:Aftercare@pocanticohills.org)  
We will contact you regarding payment options.

You may also mail your application and payment to:  
Pocantico Hills CSD  
Attn: Aftercare Program  
599 Bedford Road, Sleepy Hollow, NY 10591



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 Aftercare

- Attendance/Transition (Pre-K – 4<sup>th</sup>)
- Snacks
- Homework help (2<sup>nd</sup> grade – 4<sup>th</sup> grade)
- Outdoor Play (weather permitting)
- Friday – Movie Day
- Enrichment Activities (Games, Puppet shows, Arts & Crafts, Legos, Blocks, Magnets, etc.)

Our goal is to:

- Strengthen positive behaviors such as: Kindness, Respect for yourself & others, Perseverance, Empathy
- Encourage responsibility, creativity and mindfulness

**PROGRAM DATES:** Monday, September 14, 2020 to Wednesday, June 23, 2021.

**HOURS:** Aftercare begins immediately after school dismissal - **2:30 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.

## AFTERCARE DURING COVID-19

**The program will follow all district policies and protocols, including proper handwashing, face covering requirements, and social/physical distancing.**

## 2020-2021 AFTERCARE FEES

Registration for a September 14<sup>th</sup> start date is due no later than September 9<sup>th</sup>. Fees for the month of September will be prorated. Please see chart below.

**\*\*SEPTEMBER 2020 MONTHLY FEES ONLY\*\*:**

Days/Week	September Fee First Child	September Fee Additional Child
5 days per week	\$225	\$180
4 days per week	\$195	\$156
3 days per week	\$165	\$132
2 days per week	\$120	\$96
1 day per week	\$60	\$48

### REGULAR 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

### PAYMENT SCHEDULE 2020/2021:

Payment For:	Is Due On:
September 2020	August 30, 2020
October 2020	September 15, 2020
November 2020	October 15, 2020
December 2020	November 15, 2020
January 2021	December 15, 2020
February 2021	January 15, 2021
March 2021	February 15, 2021
April 2021	March 15, 2021
May 2021	April 15, 2021
June 2021	May 15, 2021

### PAYMENTS:

- 1. Balances due must be paid no later than the 15<sup>th</sup> of the prior month.**
- Payments can be made by check or money order made payable to **“Pocantico Hills CSD”**. Payments can also be made via your **MySchoolBucks** account with Visa, Discover, or MasterCard (No AMEX accepted).
- If sending a check in with your child, please put it in a **sealed envelope labeled AFTERCARE with your child’s name** and give to an Aftercare staff member or the child’s teacher.
- 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.***



## 2020-2021 AFTERCARE REGISTRATION

Today's Date: \_\_\_\_\_

Aftercare Start Date: \_\_\_\_\_

### STUDENT INFORMATION

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: \_\_\_\_\_

Home Address: \_\_\_\_\_

I will be picking up my child(ren) from Aftercare on: M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_

*\*Bus Transportation – If the district is able to provide an after-school bus (either at **3:30 p.m.** OR **4 p.m.**), please answer the following:*

*My child(ren) would take the bus on: M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_*

**NOTE: Full Days: The only bus transportation provided is at 2:30 p.m. (dismissal) and after school bus (if offered)**

**Half Days: The only transportation provided on a half day is at 11:45 a.m. dismissal.**

**PARENT INFORMATION:**

Parent/Guardian name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

**Best Contact Number During After-Care Hours:** \_\_\_\_\_

Other Phone #1: \_\_\_\_\_ Other Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

**Best Contact Number During After-Care Hours:** \_\_\_\_\_

Other Phone #1: \_\_\_\_\_ Other Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

**Primary Pick-up Person:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

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

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

\_\_\_\_\_  
Date