

SAINT MARTIN DE PORRES SCHOOL BEFORE SCHOOL PROGRAM

Dear Parents,

Attached is the information on the Saint Martin de Porres Before School Program, as well as the application form. Please complete both sides of the form and return it to the school as soon as possible, along with the \$5.00 registration fee. No child can attend the Before School Program until we have received a completed application form and the registration fee has been paid. Please indicate the days that your child(ren) will attend the Before School Program. If at any time you need to change the attendance status for your child(ren), please call or send a note to the office so we are aware of whether or not your child(ren) will be in attendance.

In addition to a daily program, we are also offering the Before School Program on our 2 hour delay days. The program will be available starting at 8 a.m. until the school day officially begins at 10:20.

If your child has any allergies or medical conditions that we need to be aware of, please be sure to list them on the application form.

If you have any questions, please do not hesitate to call me at 845-452-4428 or e-mail me at k Leahy.stmartindepordes@yahoo.com. Thank you for your cooperation.

Sincerely,

Mrs. Kathleen C. Leahy
Principal



**SAINT MARTIN DE PORRES SCHOOL
BEFORE SCHOOL PROGRAM**



PROGRAM TIMES: **Regular School Day**
7:00 am – till start of school day

2 Hour Delay
8:00 am – till start of school day

FEE/PAYMENT PROCEDURE: A per family registration fee of **\$5.00** is paid when you sign up. The daily/weekly fee is as follows:

| <u>Number of Children</u> | <u>Daily</u> |
|----------------------------------|---------------------|
| Regular School Days | |
| 1 or more children | \$ 4.00 each child |
| 2 Hour Delay | |
| 1 child | \$ 8.00 per child |
| 2 or more children | \$15.00 |

Payment is to be made on a weekly basis unless other arrangements have been made with the principal.

**SAINT MARTIN DE PORRES SCHOOL
BEFORE SCHOOL PROGRAM
APPLICATION FORM**

DATE: _____

CHILD/CHILDREN NAMES:

| | | | |
|-------|------------------|------------------|-------------------|
| _____ | AGE: ____ | SEX: ____ | DOB: _____ |
| _____ | AGE: ____ | SEX: ____ | DOB: _____ |
| _____ | AGE: ____ | SEX: ____ | DOB: _____ |
| _____ | AGE: ____ | SEX: ____ | DOB: _____ |

ADDRESS: _____

PHONE: _____

Mother: _____ **Cell:** _____ **Business Phone** _____

Father: _____ **Cell:** _____ **Business Phone** _____

ANY FOOD ALLERGIES: (Please list):

ANY MEDICAL CONDITIONS WE NEED TO BE AWARE OF? (Please list)

PERSONS TO CONTACT IF THERE IS AN EMERGENCY AND A PARENT OF GUARDIAN IS UNAVAILABLE:

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

Please complete reverse side.

**SAINT MARTIN DE PORRES SCHOOL
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FAMILY NAME: _____

Child(ren): _____

Days Needed:

Monday

Tuesday

Wednesday

Thursday

Friday

2 Hour Delay Days:

Yes: _____

No: _____

