

OUR LADY OF PROVIDENCE REGIONAL SCHOOL

**2017-2018 SCHOOL YEAR**  
**Before School and After School Programs**

Times and prices per month are as follows:

<b>Before School Program</b>	<b>7:30-8:55 AM</b>	<b>\$100/child</b>	<b>\$125/family</b>
<b>After School Program</b>	<b>3:00-5:45 PM</b>	<b>\$200/child</b>	<b>\$300/family</b>
<b>Both Before and After Programs</b>		<b>\$250/child</b>	<b>\$350/family</b>

If you wish your child to participate, please fill-out the form below. Your first month's payment must accompany the form. It is **very important** that we have the form for emergency purposes.

**This is a Special Service we provide and payment is expected promptly.** If payment is not received on time each month, your child will not be permitted to remain in the program.

Any parent wishing to use the services of the Before and/or After Program occasionally, each day will be charged a fee of:

**BEFORE PROGRAM - \$8/child/day**

**AFTER SCHOOL PROGRAM - \$15/child/day**

**During After School hours, please call the program CELL PHONE # (631) 836-1497**

**ANY CHILD LEFT AFTER 5:45 PM WILL INCUR**  
**A \$15 PER 15 MINUTES PER CHILD FEE**

Thank you,  
Ms. Sharon Swift  
Principal

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Child's Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish my child(ren) to attend: Before School Program \_\_\_\_\_  
After School Program \_\_\_\_\_  
Both Programs \_\_\_\_\_

Emergency Parent Number

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Who will be picking up your child?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

If you can not be reached, please indicate the person and telephone number to be called: \_\_\_\_\_