

St. Patrick Enrichment Center ~ 280 East Main Street

Smithtown, New York 11787

(631)360-0185 or (631) 780-6313- Classroom

Fax – (631)360-0381

Dear Parents,

Welcome to St. Patrick Enrichment and Learning Center. Enclosed you will find the registration forms you requested. Children ages 3-12 may utilize our programs for their enrichment and before/aftercare needs. We open from 7:15am until 5:45pm, Monday through Friday, with the exception of sanctioned holidays. When returning the forms please include:

- ~ A signed and completed Registration Form
- ~ A signed and completed Health form. Any Epi-pens, inhalers etc, must also be included.
- ~ A signed copy of Fees and Regulations Agreement
- ~ A deposit check of \$50.00. This includes a \$15.00 registration fee with the remaining credit applied to your account.

Feel free to contact the office numbers, above, for any further questions or additional information. We look forward to seeing you soon!

Sincerely,

Cynthia Marsh, Youth Administrator

Enrichment/Aftercare Registration Form ~

Child's Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ State NY \_\_ Zip code: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Age: \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact, relationship to child, phone numbers (kindly list two contacts other than yourself

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My child will attend the following days/hours/(fill out monthly form when you receive it.)

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This is a registration form. I understand I must also fill out the necessary Health/Emergency form and sign the Fees & Regulation agreement prior to my child beginning the program.

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

Please print name here \_\_\_\_\_

Today's Date \_\_\_\_\_ Child's start date \_\_\_\_\_

## Fees and Regulations

1. The enrichment program begins on the first day of school and follows the St. Patrick School calendar. We are open on half-day , which are indicated on the calendar. We are also open on teacher conference days. Check our monthly calendar for roster changes.
2. There is a \$15.00, non-refundable registration fee. You must re-register each year. **School Registration Does Not Mean You Are Automatically Enrolled In Before and Aftercare. You Must Enroll Separately. Each and Every School Year.**
3. All fees are to be paid on a monthly basis. A late fee will be imposed and added to payment if it is not received by due date.(\$10.00)
4. The program begins at 7:15 am and ends promptly at 5:45pm. We ask that you pick-up your child(ren) on time. We will bill you for any time after that, as we have to pay our employees.
5. If a medical emergency arises, the staff will attempt to contact you via phone. If you cannot be reached we will contact 911- if it is deemed necessary, and/or contact your physician. Any fees incurred as a result of these measures will be the responsibility of you, as a part of your medical insurance.
6. Parents/guardians kindly provide your child's snack on a daily basis. Please notify the Enrichment staff of any medical conditions and/or allergies which might preclude him/her from snack.
7. In the event we find that we cannot service the needs of your child, continued participation will be determined at our discretion, after contacting you.
8. Parents or guardians must notify the Enrichment Program at 631-780-6313, preferably the night before, if your child will not be present on the scheduled day.
9. The Enrichment Program Fees are as follows: \$9.00 per hour.

Fees are calculated on the quarter hour. Examples are as follows:  
Drop off at 9:05, pick up at 12:10. Bill for 9:00am – 12:15 pm 3.25hours.

I understand and agree with the above written fees and regulations.

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Parent or Guardian Signature

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Date

Additional Children for Before/Aftercare

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Medical conditions \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Medical conditions \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Medical conditions \_\_\_\_\_

