

St. Stephen School Before & After School Registration for Grand Island UPK Families

2026 – 2027 School Year for Grand Island UPK Families

ST. STEPHEN'S Before-School Program; 6:45-8:25am

<u>REGISTRATION (non-refundable):</u>	\$200 per family/per school year
<u>BEFORE-SCHOOL PROGRAM:</u>	\$10.00 per day per family

ST. STEPHEN'S After-School Program; 3:30-5:30pm

<u>REGISTRATION (non-refundable):</u>	\$35.00 per child/per school year
<u>AFTER-SCHOOL SERVICE:</u>	<u>ONE CHILD</u>
Daily Rates:	\$20.00 per day (3:30–5:30 p.m. or earlier)
Daily Rates:	<u>TWO or MORE CHILDREN</u>
	\$30.00 per day (3:30–5:30 p.m. or earlier)

PAYMENT: PAYMENT MUST BE RECEIVED ON MONDAY OF THE SERVICE WEEK for participation by your child/children. NO EXCEPTIONS! Payment by check is preferred.

SERVICE TIMES: Regular school dismissal, 3:30 p.m. – 5:30 p.m. on each day St. Stephen's School is in session for a full day. There will be NO After-School Care Program on half days or days St. Stephen's School is not in session.

ABSENCE: If your child/children are absent from school, pre-payment will be credited for the next scheduled day of attendance.

BEHAVIOR: This program was implemented to meet the needs of our working parents. To make this a pleasant and enjoyable experience for all, **behavior problems will not be tolerated.** After a verbal or written warning, your child may no longer be eligible to attend the program.

SNACK: We ask that you send a snack for your child each day of attendance.

PERSONNEL: Depending on enrollment needs, teachers, staff, or substitutes will be on duty each day.

Please note any family dropping of their child(ren) prior to 8:25am must be registered in the Before-School Program.

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ST. STEPHEN'S AFTER-SCHOOL CARE & BEFORE-SCHOOL PROGRAMS
GRAND ISLAND UPK FAMILIES
REGISTRATION FORM 2026-2027

Today's Date: / /

Check one or both: _____ Before-School: \$200 due _____ After-School: \$35 due

Please Check Days Attending:

_____ Weekly Basis (Monday – Friday)

_____ Daily Basis **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

_____ As Needed Basis* - _____

*I will inform the school by written note or phone call between 9-11 a.m. the day before and payment will be due at the time service is rendered.

Please complete this section for Before and/or After-School Care.

Child's Name: _____

Last First Nickname

Child's Grade: _____ Room: _____ Age: _____

House Number & Street Address: _____

City: _____ State: NY Zip: _____ Home Telephone: _____ - _____

Mother's Name: _____ Father's Name: _____
 Work # _____ Cellular # _____ Work# _____ Cellular# _____

Emergency Contact Name & Number (Other than Parent):
Phone:

Person/s responsible for picking up child/children:

Allergies or Special Information: _____

PAYMENT AGREEMENT

Payment will be made on **Monday of the service week for all the days the After-School Care Program is used.** A \$5.00 Late Payment Fee will be assessed for each week the accounts are not up to date.

Child/Children pick-up must occur by 5:30 p.m. ***A \$5.00 per five-minute late charge will be assessed for late pick-ups.*** There will be no after-school care on half days or days St. Stephen's School is not in session.

PARENT SIGNATURE: _____

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*****OFFICE USE ONLY*****

Registration Fee Paid amount \$_____ Check #_____ Cash_____ Initials _____