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

2025 - 2026 School Year for Grand Island UPK Families

ST. STEPHEN'S Before-School Program; 6:45-8:25am A non-refundable annual registration fee of \$250.

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

REGISTRATION (non-refundable): \$25.00 per child/per school year.

AFTER-SCHOOL SERVICE: ONE CHILD

Daily Rates: \$18.00 per day (3:30–5:30 p.m. or earlier)

Daily Rates: TWO or MORE CHILDREN

\$28.00 per day (3:30-5:30 p.m. or earlier)

<u>PAYMENT</u>: 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.

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

<u>BEHAVIOR</u>: 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 2025-2026

Today's Date:/		
Check one or both: Please Check Days Attending:	Before-School: \$250 du	eAfter-School: \$25 due
Weekly Basis (Monday – Friday)		
Daily Basis Monday Tuesday	Wednesday Thursday	Friday
As Needed Basis* -		_
*I will inform the school by written note or p be due at the time service is rendered.	hone call between 9-11 a.m.	the day before and payment will
Please complete this section for Before and	or After-School Care.	
Child's Name:		
Last Child's Grade: Room:	First Age:	Nickname
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/chi		
Allergies or Special Information:		

PAYMENT AGREEMENT

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

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Child/Children pick-up must occur by	5:30 p.m. <i>A \$5.00</i>	<u>per five-minute</u>	late charge will be a	issessed for
<i>late pick-ups</i> . There will be no after-s	school care on half	days or days St.	Stephen's School is n	ot in session.
PARENT SIGNATURE:				
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OFFIC	LE USE UNLI			
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