



**For UPK –**

**Located in the Early Childhood Building**

The After-School Program, conducted by faculty members, will provide play time (indoor and out – weather permitting) and snack time in a safe nurturing environment. *Snack is not provided, so please be sure to send your child with a separate snack for After-School (i.e. juice box or water, fruit, yogurt, chips, cookies, etc.)*

The After-School Program is available Monday – Friday from 2:20 p.m. – 6:00 p.m., with the exception of early dismissal days, school holidays, winter and summer recess.

**PLEASE MAKE NOTE:**

*There are days when the main school has a half day and UPK has regular dismissal, there is NO After-School Program on these days. The school calendar for each month can be found on the school website [www.sfxschool.net](http://www.sfxschool.net).*

Payment for After-School services is due on the first school day of each month by **check** or **money order**. We cannot accept cash payments.

**Please be sure to include your child’s name and class on any payments made to the UPK Office.**

**DAILY RATE - \$25/DAY.**

**MONTHLY RATES ARE AS FOLLOWS:**

6:00 PICK UP

\$350 for one child  
\$480 for two children  
\$610 for three children

4:00 PICK UP

\$200 for one child  
\$325 for two children  
\$450 for three children

**PICK UP EACH DAY IS TO BE NO LATER THAN 6:00 PM.**

**THERE IS A LATE PICK UP FEE OF \$10 FOR EVERY 15 MINUTES AFTER 6:00 PM.**

***A \$25 FEE WILL BE CHARGED FOR LATE PAYMENTS.***

Please complete the attached application form and return with your first month’s payment to the UPK Office.

The After-School Program begins on Monday, September 11<sup>th</sup>.

September, 2017

Please check appropriate box:

- 6:00 pm pick up
- 4:00 pm pick up
- As needed

Dear Parents:

Please fill out this form with current emergency contact information for your child. We must have a separate form for each child you are enrolling in the After-School Program. It is important that you provide all information, especially medical conditions or allergies.

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

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

Home telephone # \_\_\_\_\_

*Where can parents be reached if not at home?*

Mother \_\_\_\_\_ Tel. # \_\_\_\_\_

Father \_\_\_\_\_ Tel. # \_\_\_\_\_

*Please list two relatives or neighbors who will assume temporary care of your child if you cannot be reached:*

Name	Relationship to student	Tel. #
1. _____	/ _____	_____
2. _____	/ _____	_____

Remarks: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

**Please return this completed application/information form with your first month's payment to the UPK Office.**