



St. John Vianney Pre-school  
(732) 388-1662

Pre-school AfterCare Program

2015-2016

St. John Vianney Pre-school offers an after-care program each afternoon until 6:00PM (unless otherwise noted in the calendar). The program provides a caring, safe environment, snack time, and both indoor and outdoor play.

The AfterCare Program will begin on the first day of school. There is a \$10.00 registration fee per family.

The AfterCare fee is \$7.00 per hour, charged in half-hour increments (\$3.50 for any portion of a half-hour), with a maximum of \$21.00 per day. For each additional child, the fee is \$4.00 per hour (\$2.00 per half-hour), with a maximum of \$12.00 per day. **Fees are to be paid on a daily or weekly basis.** Payment may be made in the form of cash or check payable to SJV AfterCare. Please note there is a \$30.00 returned check fee.

**Please be sure to pick up your child by 6:00PM.** Our staff is scheduled to leave at 6:00PM. Beyond 6:00PM there will be a **LATE FEE of \$25.00** charged.

There will be no after-care when the school has an emergency early dismissal. If this occurs during the afternoon, you will be called to pick up your child from the program immediately. Please arrange to have someone available to do so if you cannot leave work.

Please send in a snack and drink with your child labeled for "AfterCare". Small snacks are available for children without one from home.

**Please note that children still in the Pre-school AfterCare Program after 5:00PM are walked over to the Main School library, and should be picked up from there.**

PLEASE NOTE: Failure to comply with the above terms, or children not adhering to AfterCare rules, may result in your child not being able to attend the program.

The Director of the Pre-school AfterCare Program is Mrs. Pamela Noto.

**SJV PreK AfterCare Program  
Registration Form 2015-16**

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

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City or Town: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother's (or Guardian's) Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's (or Guardian's) Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Please provide three emergency contact persons, with phone numbers, in order in which you would like us to call them if we cannot get in touch with you.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please list all persons (in addition to above) who are authorized to pick up your child.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please list special needs, severe allergies, or other important information that our staff should know about while caring for your child:

\_\_\_\_\_  
\_\_\_\_\_

**\$10.00 family registration fee enclosed: Cash \_\_\_\_\_ or Check # \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

*If any changes to the above information should occur during the year, please notify us promptly.*