Ss. CYRIL AND METHODIUS SCHOOL

105 HALF HOLLOW ROAD, DEER PARK, NY 11729
(631)667-6229 | fax: (631)667-0093 | www.sscmweb.org

ENGAGING ROBUST SSCM CURRICULUM

SSCM AFTER SCHOOL PROGRAM

Ss. Cyril & Methodius After School Program is a service to our students and their parents which provides well-supervised after school activities for children in grades Pre-K- through 8. The program focuses on creative play, physical activity, and learning support in a pleasant, "extended" family style interaction and friendship.

ACTIVITIES – The program, which is coordinate, supervised, and presented by qualified personnel, provides a variety of activities. The children are supervised while doing homework, or just playing quiet games. A period of physical activity is provided in the gym or schoolyard. Other planned activities, such as arts and crafts, or special activities are also provided. A nutritious snack will be served every day to add to their comfort and enjoyment. Our emphasis is on safety, fun, friendship and creative learning.

BEHAVIOR – Appropriate behavior is essential for the safety and well-being of all the children. If the behavior code is not followed, parents will be notified and dismissal from the program may follow.

PROCEDURES – THE AFTER SCHOOL PROGRAM WILL BE IN SESSION UNTIL 5:30 EACH SCHOOL DAY BEGINNING THE FIRST MONDAY AFTER SCHOOL BEGINS IN SEPTEMBER AND ENDING 1 WEEK PRIOR TO THE END OF SCHOOL IN JUNE (EXCEPTIONS: ½ DAYS and THE LAST DAY OF SCHOOL BEFORE THANKSGIVING, CHRISTMAS AND EASTER). CHILDREN MUST BE PICKED UP NO LATER THAN 5:30 P.M. (A late fee of $10 will be charged for every 15 minutes)

We will not operate on school holidays or during vacation. Any number of days per week may be chosen, but is expected that students will attend on a regular basis. The opportunity to switch days within a week from time to time may be available depending on space. We believe the cost of this program is very minimal.

Children may not begin a new month unless payment is up to date. An annual non-refundable registration fee of $25 plus $10 for each additional child (same family) will be charged. Two weeks written notice must be given if you intend to withdraw your child from the program.

Ss. CYRIL AND METHODIUS SCHOOL

105 HALF HOLLOW ROAD, DEER PARK, NY 11729
(631)667-6229 | fax: (631)667-0093 | www.sscmweb.org

ENGAGING ROBUST SSCM CURRICULUM

AFTER SCHOOL PROGRAM
2011-2012

We are excited to be offering an After School Program for the children of SSCM.

Our goal is to provide a safe, caring, and fun environment for our children whose parents cannot be home in the afternoon to meet them at the end of their school day.

The program offers a variety of activities in a supervised setting by certified teachers and a qualified staff. The students will be provided with a snack each afternoon.

Fees of this self-sustaining program are:

Registration Fee - $25.00 plus $10.00 for each additional child (same family)

Program Fees – Per Week

	1 child	2 children	3 children
5 day session -	$80.00	$140.00	$155.00
4 day session -	$65.00	$125.00	$150.00
3 day session -	$50.00	$95.00	$130.00
2 day session -	$35.00	$70.00	$110.00
1 day session -	$20.00	$20.00 (per child)	$20.00 (per child)

2012-2013 - Fall Registration

Registration can be made in person or by mail. If you would like additional information please contact Mrs. Montella at dmontella@sscmweb.org or Mrs. McGerald at cmcgerald@sscmweb.org.

Ss. CYRIL AND METHODIUS SCHOOL

105 HALF HOLLOW ROAD, DEER PARK, NY 11729
(631)667-6229 | fax: (631)667-0093 | www.sscmweb.org

ENGAGING ROBUST SSCM CURRICULUM

Please complete the Registration Form as soon as possible, enclose the $25 non-refundable fee, and return it to the office. Make checks payable to S.S.C.M. After School Program. If you have any questions about the program please feel free to contact Mrs. Montella or Mrs. McGerald. Please return form to the school office in an envelope marked SSCM After School Program: Attention Mrs. Montella and/or Mrs.McGerald.

Child's Name _____

Grade in September_____

Program days requested (circle as many needed)

Monday Tuesday Wednesday Thursday Friday

Parent's Name _____

Address _____

_____

Home Phone # _____

Work Phone # _____

Emergency Contact Name _____

Emergency Contact # _____

Special questions/comments/concerns: _____

_____

_____

For office use only

Medical Authorization _____

# of Children _____

Registration Fee: Check # _____ Amt: _____
($25 first child; $10 for each additional child (same family)

Emails: Mrs. Montella dmontella@sscmweb.org
Mrs. McGerald cmcgerald@sscmweb.org

Ss. CYRIL AND METHODIUS SCHOOL

105 HALF HOLLOW ROAD, DEER PARK, NY 11729
(631)667-6229 | fax: (631)667-0093 | www.sscmweb.org

ENGAGING ROBUST SSCM CURRICULUM

AUTHORIZATION CONSENTING TO MEDICAL TREATMENT FOR MINOR CHILD

I, _____, the parent/guardian of _____ _____, a minor child who was born on _____, and resides at _____ In the county of Suffolk in the State of New York, authorize an adult at St. Cyril & Methodius After School Program to seek emergency treatment for my child. Such treatment includes, but ins not limited to, examination, x-rays, laboratory tests, medical and surgical treatment, use of medication, anesthetics, sutures and admission for hospital care, should this be necessary, when efforts to contact me are unsuccessful. It is understood that such care will be given upon the advice of a duly licensed physician or surgeon. My family doctor is _____ whose phone number is _____ _____. I authorize that you may call the doctor in case of an emergency. Any physician acting in his/her place should be advised that my child has the following allergies: _____

_____

_____
Signature of Parent/Guardian

Sworn to before me this _____ day of _____, 20___.

_____
Notary Public