



Extended Care for Smithtown Christian School Students Grades K-6

After Care: At SCS dismissal, SCS Students (grades K-6) will walk to the main office and be brought to the After Care classroom. A snack will be provided. We will try to have them complete their homework, but some may need to be finished at home. Please be sure to check it. After homework, they will have play time. **Hours available: 2:40pm (dismissal) to 6:00pm**

Recess: Children will play indoors or outside with supervision depending on the weather.

Extended Care is only available on days when SCS is in session.

Extended Care is not available on days that SCS is closed. Please refer to the SCS Days Off Calendar for this information.

	Daily Rate	Monthly Rate	Discount for Sibling
After Care	\$20.00	\$300.00	25%

Monthly Plan: Please notify the Extended Care Aide, Adriana Crawford if your child is going to be absent.

Change in Extended Care Schedule: Parents are responsible to notify teachers with any changes in student's schedule.

Daily Sign Up: To sign up for a single day, please call the school office and/or email the Extended Care Monitor, Adriana Crawford, with your need. Include date and time.

- Phone: 631.265.3334, ext. 238
- After Care Email: acrawford@scsemail.org

Billing

This will occur through our Facts Family Portal. Charges will be seen as incidental billing. You are responsible to pay the charges within 3 business days.

Any cancellations made with less than 24 hours notice will still be charged to your account.

Your child will not be able to attend Extended Care or SCS classes if payments are delinquent by more than 45 days.



SCS STUDENT (K-6) EXTENDED CARE ENROLLMENT APPLICATION

Child's Information

Name _____ Birthdate _____ M _____ F _____

Address _____ Town _____ State _____ Zip _____

Home Phone _____ Grade Level _____

Father: _____ Mother: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email _____ Email _____

Emergency Contacts (relative/friend whom we can call if you cannot be reached)

Name	Phone	Relationship

Extended Care

Please select the program options for which you are enrolling your child.

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours Needed <i>(Please enter start and end times.)</i>					

☐ Please check if you are selecting the monthly option. Start Date: _____

Medical Information

Doctor: _____ Telephone: _____

Dentist: _____ Telephone: _____

I certify that the information I have provided in this application is truthful, accurate and complete. In case of accident or injury, I authorize any and all emergency medical, dental, and/or hospital necessary for the proper health and well-being of my child.

Parent/Guardian _____ Date _____



Medication Requirements for Extended Care

Parent of: _____

Date: _____ Grade: _____

Medication(s): _____

Parent/Guardian Signature: _____

Emergency Contact Phone Number: _____

If you decide to send your child for extended care, we request that you send in a separate set of medication(s), as our Health Office is not available at these times.

Please be sure that medication(s) are clearly labeled with the student's name, and that the medication is not expired.

Also, please give clear instructions on the use of the medication(s).

Please be sure to inform the Health Office of any new Medication(s) or conditions.

Thank you for your kind cooperation,

Adriana Crawford

Cafeteria Manager / Extended Care Monitor

acrawford@scsemail.org

Phone: (631) 265-3334 ext. 238

Fax: (631) 265-1079