Extended Care for
Smithtown Christian School Students Grades K-6

Before Care: SCS students (grades K-6) may arrive at **7am** and will be dismissed or walked to their classrooms at 8:05am. If they did not eat breakfast, you may bring something for them to eat. *Breakfast is not provided*. Homework will not be supervised by our Extended Care Aide during the morning session.

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: 2:25pm (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.

SCS Student Extended Care Rates 2020-21: **Rates adjusted as of 3/1/2021**

	Daily Rate	Monthly Rate
Before Care	$15.00	N/A – Families will be billed weekly, based on the daily rate.
After Care	$20.00	$300.00

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

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

- Phone: 631.265.3334
- After Care Email: acrawford@scsemail.org
- Before Care Email: bcollins@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 *(Please enter start and end times.)*					

☐ 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_____