

# PM Care Program 2011-2012

*PM Care is opened to students from Pre K 4 to 5th Grade.*

*Our PM Care Program is committed to providing our students with a safe, structured learning environment under the direction of a loving and dedicated staff.*

## Monthly Rates:

	1st Hr.	2nd Hr.	3rd Hr.
1 child	\$10	\$15	\$22
2 children	\$13	\$20	\$26
3 children	\$17	\$26	\$31
4 children	\$21	\$30	\$35

Monthly rates apply to students who attend the program at least 2 days a week on a consistent basis.

Payment is due by the 10th of the following month.



**Hours:** 2:40 - 5:30PM on Full Day  
12:30 - 5:30PM on Half Days

PM Care also offers services on a “Drop In” basis. The rate is \$12.00 per hour, \$2.00 for each additional child.

## Non-refundable registration fee due with registration form:

- \$25.00 for one child
- \$35.00 for more than one child

A \$12 per child late pick up fee will be assessed for pick ups after 5:30PM on Full Days and 5:30PM on Half Days.

A late fee of \$10.00 will be assessed for payments received after the 10<sup>th</sup>.

## Activities:

2:40 to 3:00 **Snack** (Peanut Free and to be provided by student)

3:00 to 4:00 **Homework Club/Reading**

4:00 to 5:30 **Tumble Room/Out Door Play,**

**Games, Arts and Crafts,**

**Computers, Quiet Time/Movie**



If interested, please contact:

Patricia D'Amore, PM Care Supervisor

[pdamore@saintleothegreatschool.com](mailto:pdamore@saintleothegreatschool.com)

732-741-3133

## PM Care Guidelines

1. PM Care Supervisors can be reached at 732-741-3133, ext. 218 after 2:40PM and at 732-741-3133 (main office) before 2:40PM.
2. When your child will not be attending PM Care please be sure to send in a note informing us.
3. “Drop In”: Please fill out form each time your child plans on attending.
4. If your child is attending Mad Science or any other activity and then attending PM Care, please send in a note. Also, please make arrangements for your child to be dropped off at PM Care after the activity.
5. Children will only be released to those family members and or neighbors/friends identified on the registration form.
6. Please notify the PM Care Director of any changes in address, home/work/cell telephone numbers, emergency contacts, etc.
7. Please review school calendar for when school is in session and half days.
8. PM Care does not encourage children to bring personal items/toys and will not be responsible for any loss or damage.
9. Please send an after school snack and water with your child everyday. Children will be given time to eat once they arrive at PM Care. Please note that sharing of snacks is not permitted.
10. Children may bring in a change of clothes and sneakers for outside play. Please make sure that your child is dressed appropriately for outside play—especially on cold days.
11. A \$12 per child late pick up fee will assessed for picks up after 5:30PM. It is unfortunate that these penalties must be so high, but the fees serve to offset the cost of additional wages for time worked after 5:30PM.
12. Payments are due by the 10th of the following month. A late fee of \$10.00 may be assessed for payments received after the 10th. This is necessary in order to meet OUR bills on time.

### **Contact Information:**

Patricia D’Amore

PM Care Supervisor

[pdamore@saintleotheschool.com](mailto:pdamore@saintleotheschool.com)

732-741-3133

## Registration Form

Family Name \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child(ren)'s primary address:

\_\_\_\_\_

### Contact Information:

Mother's Home/Cell/Work (order you would like to be contacted)

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Home/Cell/Work

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Emergency Names and Numbers:** Please list adults who may be contacted in the event you can not be reached, and have permission to pick up your child(ren) from PM Program.

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

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

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

Allergies or other concerns:

\_\_\_\_\_

\_\_\_\_\_

I am interested in the following accommodation:

Please circle: **2, 3, 4, 5** days per week on a monthly basis OR \_\_\_\_\_ Drop In

Please indicate which days: **Monday Tuesday Wednesday Thursday Friday**

(Monthly rates ONLY apply to students who attend the program at least 2 days a week on a consistent basis.)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make check payable to SLGS and send it in with a completed registration form**

