



GRACE ABOVE & BEYOND

BEFORE AND AFTER SCHOOL PROGRAM APPLICATION

Application/Registration Fee \$40

\$500 deposit due upon enrollment

Application fee waived for Grace Students

Child's Name _____

(Last)

(First)

(Middle)

Male Female

Address _____

Tel: _____

Present School _____ Address _____

Current Grade _____ Age _____ School district in which you reside _____

FAMILY

Mother's Name _____ Father's Name _____

Home Address _____

City _____ State _____ Zip _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

E-Mail _____ E-Mail _____

Emergency Contacts: Other than parents, must be local numbers

1. Name _____ Tel: _____

2. Name _____ Tel: _____

My child will be dropped off by _____ @ _____ AM

My child will be picked up by _____ @ _____ PM

2:30PM - 6:30PM PLANS A, B, & C INCLUDE 8:00AM EARLY DROP OFF

___ **PLAN A** 5 Days Monday - Friday Drop off _____ Pick up _____

___ **PLAN B** 3 Days - Specify days: _____ Drop off _____ Pick up _____

___ **PLAN C** 2 Days Specify days: _____ Drop off _____ Pick up _____

PLANS D & E INCLUDE 7:00AM DROP OFF, 2:30 - 6:30PM

___ **PLAN D** 5 Day Monday - Friday Drop off _____ Pick up _____

Please attach Bus information (i.e. Bus No., Bus Co., Mass. school attending, Drop off and/or pick up time.

___ **PLAN E** 3 Day Specify days _____ Drop off _____ Pick up _____



GRACE ABOVE & BEYOND BEFORE AND AFTER SCHOOL PROGRAM APPLICATION

Changes in drop off or dismissal plans call the office @ 516.798.1122 between 8am-4pm
Before Care Room 516.798.1122 ext. 23 Aftercare Room 516.798.1122 ext. 25

Health or physical conditions of which the school should be aware?

Allergy? _____

Is your child on any medication? _____

Is your child currently receiving any educational services? (speech,PT,OT) If yes,

A parent or an emergency contact will be called to pick up a child who is sick or injured. No medicine will be administered by Above & Beyond staff.

- Please send in your child with a snack and drink (No glass). No food will be provided by Above & Beyond staff.
- If your child is not a Grace student, please provide us with an updated medical form.
- If parent or emergency contact(s) cannot be reached in an emergency, the Above and Beyond teacher has my permission to request emergency treatment for my child.

I give permission to Grace Church & Early Childhood Center to use any photos taken of my child that may be posted on the School website or used in literature about this program.

_____ Photos of my child may **NOT** be used.

Signature of Parent or Guardian

Date

Grace admits students of any race, national or ethnic origin, regardless of religious affiliation.

GRACE ABOVE & BEYOND
Before and After School
23 Cedar Shore Drive
Massapequa, NY 11758
516-798-1122
www.gracedayschool.org

Office Use Only					
Date _____	App. Fee	Rec'd _____	Pd. \$ _____	Ck# _____	Cash _____

7-12-17

