



**ABOVE & BEYOND
BEFORE AND AFTERCARE 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

___ **PLAN A** 5 days Monday - Friday 2:30pm - 6:30pm \$650/month
Includes 8:00am drop off Specify drop off & pick up times Drop off _____ Pick up _____

___ **Plan B** 3 days Specify days _____ Drop off _____ Pick up _____
Includes 8:00am drop off \$390/month

___ **Plan C** 2 days Specify days _____ Drop off _____ Pick up _____
Includes 8:00am drop off \$260/month

Rates per hour without commitment \$20/hour **FEES MUST BE PAID UPON PICK UP**

Busy Parent Program Min. 2 hours/day \$15/hour **FEES MUST BE PAID UPON PICK UP**



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1 month free tuition if PLANS A, B, C ARE PAID IN FULL

\$15 Billing Fee applied to monthly payments

Credit Card payments accepted Changes in drop off or dismissal plans call the school office @ 516.798.1122 between 8am – 4pm

Before Care Room ext. 23

Aftercare Room 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 Aftercare

23 Cedar Shore Drive

Massapequa, NY 11758

516-798-1122

www.gracedayschool.org

Office Use Only: Date _____ App. Fee Rec'd _____

Pd. \$ _____ Ck# _____ Cash _____

3/17/17