



## 2019 – 2020 School Year

### Programs Information Flyer

St. Mel's Catholic Academy is pleased to offer convenient early and after care options for our families. Please complete the attached monthly calendar and submit it with your payment to the main office.

**We also ask that you complete the program emergency contact form with your first calendar/payment.**

### Early Morning Drop Off

**Nursery through 8<sup>th</sup> Grade**

7:00am – 7:50am

Rate: \$5/Day

*Please use the 26<sup>th</sup> Avenue doors to drop off your child to the main office.*

### Extended Day Program

**For PreK-For-All Students Only**

2:20pm – 3:00pm

Rate: \$5/day

*Please use the calendar titled "PREK-FOR-ALL Programs."*

*Students will be dismissed using the doors on 27<sup>th</sup> Avenue adjacent to the SMCA sign.*

### After School Program

**Nursery through 8<sup>th</sup> Grade**

**Full School Days: 3:00pm – 5:30pm**

**Half Days: 12:00pm – 5:30pm**

*This program is organized to provide supervision and enrichment for children Nursery through 8<sup>th</sup> grade. The program offers a variety of activities which include homework help, arts and crafts, outdoor play, games and free time for the children to pursue their own interest in a safe, friendly environment. A light snack will also be provided. \*The after-school program fee will be waived for any students who will be enrolled in any of our upcoming after school clubs!*

### Rates

	<b>Full School Days (3:00pm – 5:30pm)</b>	<b>Half Days (12:00pm – 5:30pm)</b>
<b>One Child</b>	\$15 per day	\$25 per day
<b>Two Children</b>	\$20 per day	\$30 per day
<b>Three or More Children</b>	\$25 per day	\$35 per day

**For any additional questions regarding these programs, please contact the main office at 718-539-8211.**



## **2019 – 2020 School Year**

Early Drop-Off, Extended Day, After-School Program

### **EMERGENCY CONTACT SHEET**

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

Child's Grade: \_\_\_\_\_ Child's Teacher: \_\_\_\_\_

-----  
Emergency Contact #1: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

-----  
The name of person dropping-off or picking up my child is \_\_\_\_\_

My child is allergic to \_\_\_\_\_

Please provide any other important information here: \_\_\_\_\_

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