



**PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT
CHILD CARE PROGRAM**



2013-14 PRE-REGISTRATION INFORMATION & FORM

The Plainview-Old Bethpage Child Care Program is holding PRE-REGISTRATION for before school and after school programs on the kindergarten, elementary, and middle school levels* for the 2013-14 school year. Please submit this form no later than July 10, 2013 to receive a full registration packet.

This program is designed to meet the needs of working parents and is available to all district children Kindergarten through 8th Grade*. Run by a professional staff, Child Care provides a supervised environment for children to have meaningful non-academic activities at each individual school.

The Child Care rates and fees for the 2013-14 school year have changed and are: \$6.00/hour for the 1st child, \$5.00/hour for the 2nd child, and the 3rd child is gratis. There is a two-hour per week, per child minimum for enrollment. The program will follow the 2013-2014 school district calendar.

Each child is required to have a separate pre-registration form and packet filled out, but only one \$50 registration fee applies per family. For questions regarding the Child Care Program please visit our website at www.pobschools.org/domain/292 or call program's office at (516) 349-4776.

Please complete the attached PRE-REGISTRATION FORM and return with a \$50 check or money order (no cash or credit accepted) per family for the registration fee.

The pre-registration fee is non refundable.

Make checks payable to: POBCSD CHILD CARE PROGRAM

and mail to:

**POB Child Care
117 Central Park Road
Plainview, NY 11803**

Complete registration materials will be forwarded upon receipt of this form.

**** Registration will not be considered complete until receipt of complete registration packet. ****

*** Middle School programs contingent upon sufficient registration**

POB CHILD CARE PROGRAM 2013-14 PRE-REGISTRATION FORM

Office use only

Reg. Fee _____

Ck# _____

CHILD'S NAME _____
LAST FIRST

HOME ADDRESS _____
NUMBER & STREET TOWN

HOME PHONE # _____ WORK # _____ CELL # _____

SCHOOL ATTENDING _____ GRADE _____ TEACHER _____

PARENT'S NAME(S) _____
 (*PLEASE ADVISE IF NAME ON CHECK IS DIFFERENT THAN CHILD'S LAST NAME)

PARENT'S SIGNATURE _____

REQUESTED DATE CHILD IS TO BEGIN PROGRAM: _____

BEFORE SCHOOL PROGRAM

AM HOURS DESIRED: (Please indicate the drop-off times. Program begins at 7:00 AM.* Any drop-off prior to 8:00 AM counts towards 7:00 AM hour.)

	DROP-OFF TIME	
MONDAY	7:00	8:00
TUESDAY	7:00	8:00
WEDNESDAY	7:00	8:00
THURSDAY	7:00	8:00
FRIDAY	7:00	8:00

AFTER SCHOOL PROGRAM

PM HOURS DESIRED: (Please indicate corresponding pick-up times to your child's school.* 15-minute grace period at end of each pick-up time. A \$25/Hr surcharge applies for pick-ups beyond the grace period at the close of child care.)

	KINDERGARTEN CENTER				ELEMENTARY SCHOOLS			MIDDLE SCHOOLS			
MONDAY	3:30	4:30	5:30	6:30	4:15	5:15	6:15	3:00	4:00	5:00	6:00
TUESDAY	3:30	4:30	5:30	6:30	4:15	5:15	6:15	3:00	4:00	5:00	6:00
WEDNESDAY	3:30	4:30	5:30	6:30	4:15	5:15	6:15	3:00	4:00	5:00	6:00
THURSDAY	3:30	4:30	5:30	6:30	4:15	5:15	6:15	3:00	4:00	5:00	6:00
FRIDAY	3:30	4:30	5:30	6:30	4:15	5:15	6:15	3:00	4:00	5:00	6:00

* Middle school programs contingent upon sufficient registration.

** This is only a pre-registration form and children will be unable to attend the program unless completed packet is received by the scheduled deadline. **