



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

POB Child Care Program
117 Central Park Road
Plainview, NY 11803
(516) 434- 3124

The Plainview-Old Bethpage Child Care Program is pleased to offer coverage on the scheduled half-day at the District's four elementary schools on:

Thursday, March 23, 2017

This coverage is available to **ALL** district children, **not** just children enrolled in the Child Care Program. The cost of the half-day program is \$18.00 (check or money order only) and **payment is expected at the time of registration. Please be advised that there is no *second child discount* on the half-days.** Pick-up time will be no later than 3:15 PM. Parents of children not regularly scheduled for Child Care will be billed at the rate of \$10.00 per hour for children staying **beyond the 3:15 PM** pick-up time. Children must be picked up by no later than 6:15 PM.

Please be advised that children staying for the half-day program **must bring in their own bag lunch.** Snack will be provided. (Please refrain from lunches and snacks with peanut butter and other peanut-related foods due to highly allergic children.)

Advanced registration is required. Registration forms and payment **must be received in the Child Care office no later than Thursday March 16, 2017. THE INDIVIDUAL ELEMENTARY SCHOOLS CANNOT ACCEPT HALF-DAY FORMS.** There will be no confirmation of receipt, but parents may call the Child Care Office between the hours of 4:00 PM – 6:15 PM at (516) 434-3124 to verify registration.

ALL children attending Child Care on the half-day must submit a registration form along with payment, including children who normally attend Child Care on that particular day of the week.

CHECKS OR MONEY ORDERS ONLY - MADE PAYABLE TO: POB CSD CHILD CARE.

Parents should mail the completed registration form, along with payment to:

**POB Child Care Program
117 Central Park Road
Plainview, NY 11803
Re: Half-Day**

DETACH, COMPLETE, AND RETURN ALONG WITH PAYMENT TO CHILD CARE BY 3/16/17

DATE OF HALF DAY: 3/23/17 *(All fields must be filled out for enrollment)*

CHILD'S NAME: _____ **SCHOOL:** _____

TEACHER: _____ **EMERGENCY /CELL #** _____

CHILD'S ADDRESS: _____ **TOWN:** _____

HOME PHONE #: _____ **Parent's Work #:** _____

AUTHORIZED PICK-UP BY: _____ **Email** _____
(PLEASE DESIGNATE WHO WILL PICK UP YOUR CHILD)

PICK UP TIME: _____

ALLERGIES: _____

<u>For office use only</u>	
PAID	CK# _____