

DECEMBER 2009

BEFORE AND AFTER CARE CALENDAR

In order to insure proper staffing please complete this form and return it with full payment (non-refundable) in advance. No calendars will be accepted without full payment. Directions for completing the calendar are on the back of this form. No credit will be issued for unused days. Keep in mind your child's school does not let us know if your child is out sick or goes home early.

ATTENTION PARENTS:

Please take note of our tax identification number to be used on your income tax forms. The number is 11-6002058.

Please complete this portion:

Make checks payable to:
Patchogue-Medford School district
PLEASE INCLUDE YOUR CHILD'S FIRST AND
 LAST NAME ON THE CHECK

Total Days Circled: _____

X Your Daily Rate: _____

= Monthly Tuition _____

Amount Enclosed: _____

Child's Name: _____

Child's School: _____

Child's Grade: _____

Child's Teacher: _____

I would like my child prompted to complete homework _____

Signature of Parent/Guardian _____

BEFORE CARE				
December 2009				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	1	★ 2	★ 3	4
7	8	9	10	11
14	15	16	17	18
21	22	23		

AFTER CARE				
December 2009				
<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>
	1	★ 2	★ 3	4
7	8	9	10	11
14	15	16	17	18
21	22	23		

ENROLLMENT FOR HALF DAYS IS LIMITED AND IS ON A FIRST COME FIRST SERVED BASIS.

★ = Half day session

TO BE COMPLETED BY PROGRAM COORDINATOR

Amount Received: _____

Date: _____

Method of payment: _____

2009-2010 MONTHLY RATES

Directions for Completing Monthly Calendar:

Please circle the days your child will be attending. Multiply the number of days circled times your daily rate. Your daily rate can be found on the table below. This amount is your monthly tuition. On half days of instruction the tuition rate is double your after care rate (see half day rates below). The total is your tuition for that day. There is no discount on your tuition on half days of instruction if you pick your child up early. Lunch is provided in the cost of tuition. **DUE TO STAFFING ISSUES, SPACE MAY BE LIMITED ON THE HALF DAYS OF INSTRUCTION. PLACEMENT WILL BE ON A FIRST COME FIRST SERVED BASIS.** Return your completed calendar with your check made payable to "Patchogue-Medford School District" before the start of the month you are completing the calendar for.

Before-School Daily Rate			
Family Income	Number of Children In Program		
	1	2	3
Free Lunch Recipient	\$6.20	\$8.00	\$9.70
Reduced Lunch Recipient	\$8.90	\$11.80	\$15.00
All others	\$11.10	\$15.70	\$20.20
After-School Daily Rate			
Family Income	Number of Children In Program		
	1	2	3
Free Lunch Recipient	\$6.20	\$8.00	\$9.70
Reduced Lunch Recipient	\$10.40	\$14.10	\$17.00
All others	\$12.50	\$18.80	\$25.00
Before-and After-School Daily Rate (These rates are discounted 25% for participation in both programs)			
Family Income	Number of Children In Program		
	1	2	3
Free Lunch Recipient	\$9.30	\$12.00	\$14.60
Reduced Lunch Recipient	\$14.50	\$19.40	\$24.00
All others	\$17.70	\$25.90	\$31.69
Before-and After-School Daily Half-day Rate (These rates are discounted 25% for participation in both programs)			
Family Income	Number of Children In Program		
	1	2	3
Free Lunch Recipient	\$13.95	\$18.00	\$21.82
Reduced Lunch Recipient	\$22.27	\$30.00	\$36.75
All others	\$27.07	\$39.97	\$52.65