SJRS Extended Day Program 2026-2027

Program Information:
SJRS Child Care begins each day with a choice of snack, homework time, and free playtime in the child care room, on the playground, and in our cafeteria space. Our homework room allows the children from second grade through eighth grade to complete their studies in a quiet environment. We love spending time on the playground, weather permitting, so please send your child with appropriate "gear" for seasonal weather!

Hours: Morning 7:15am- 8:10. Evening 2:50-5:30pm

Fees: One child $7.50, Two $11.75, Three $15.75

Registration Information: New Family enrollment fee is $20 per family. Please fill out this form and bring it to the school office before the school year begins so you child can enjoy our child care. Returning Families, we still require a registration form to be filled out.

Billing and Payment: Bills will be sent each week. If payment balance exceeds two weeks, we will request that payment is made in full. A $25 fee will be imposed for any check not honored by the bank on which it is drawn.

Contact Information:
Miss. Allison Bartolotta Email:
abartolotta@stjosephkeene.org

_____

Registration Information:

Child Name: _____

Birthdate: _____

Grade: _____

Special Needs/Allergies: _____

_____

_____

Childs Physician/Phone #:

_____

_____

Mother/Guardian Contact Information:

Name: _____

Address:_____

Email:_____

Phone #: _____

Father/Guardian Contact Information:

Name: _____

Address:_____

Email:_____

Phone #: _____

Emergency Contact Name:

Name: _____

Phone # _____

Additional People that may pick up:

Name:_____

Phone # _____

Name:_____

Phone # _____

Name: _____

Phone # _____

I realize that the above listed people may be requested to show proof of identification. I realize that if doubt exists, then the staff may not release my child and that I will be notified immediately. I agree that the above information is up to date and that the staff may contact any of the above in case of an emergency.

Parent/Guardian Signature:

_____Date:_____