



Before and After School Care Program 2017-18
Operated by the Spring Grove Regional Parks and Recreation Center

The before school program starts at 6:15 AM, and the after school program operates from the end of the school day until 6:00 PM. This program is available for students Kindergarten – 6th Grade (12 Years Old). SGRPRC will manage and oversee the program. All staff is hired as to the qualifications listed by the Department of Human Services and must obtain Criminal Record, Child Abuse, and FBI Clearances. The program provides your child with after school activities, gym & outside time, homework time, snacks, & more.

A Non-Refundable Registration Fee of \$35 per child is due when registering your child in our program.

2017-18 TUITION RATES

Before Care

\$45/week – *Spring Grove Borough, Jackson and Paradise Township
 \$50/week – All other District Residents

After Care

\$50/week – *Spring Grove Borough, Jackson and Paradise Township
 \$55/week – All other District Residents

B/A Care

\$90/week – *Spring Grove Borough, Jackson and Paradise Township
 \$95/week – All other District Residents

**Tuition rates are subject to change January 1, 2018*

Submitting a registration form and fee does not guarantee enrollment.

Please confirm enrollment by contacting the childcare director (717-225-9733 ext. 4).

NOTE: The registration form and fee along with the first week tuition payment is all that is required at this time.

PLEASE MAKE CHECKS PAYABLE TO: SGRPRC

Mailing Address: 50 North East St. Suite 1, Spring Grove, PA 17362 Phone Number: 225-9733 Fax: 225-9792

SGRPRC is an Equal Opportunity facility. Employment, enrollment, program procedures, and practices are designed to prohibit discrimination based on the basis of race, color, religious creed, disabilities, ancestry, national origin (including limited English proficiency), age or sex. Enrollment and employment shall be provided for children with disabilities and reasonable accommodations shall be made to meet the physical or mental limitations of qualified applicants.

Child's Name _____ **Grade** _____ **Date of Birth** _____

Start Date: _____ **E-mail:** _____ **Township/Borough** _____

Address: _____ **City, State, Zip** _____

Parent's Name(s) _____ **Phone Number** _____

Siblings Enrolling _____ **Cell Number** _____

Sessions: (Circle one) **Before** **After** **B & A** **School Attending:** **NS** **P** **SG** **INT**

Program Need: **Full Time** (3 or more days per week) **Part Time/Days Attending:** **M** **T** **W** **TH** **F**

FORMS RETURNED: **AGREEMENT** **EMERGENCY** **HEALTH** **IEP** **CHILD INFO.** **PERM. VERIF.** **GET TO KNOW YOU (2)** **HANDBOOK**