



Before and After School Care Program 2018-19

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. 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 and outside time, homework time, snacks, and more.

A Non-Refundable Registration Fee of \$35 is due when registering your child in our program.
(The Non-Refundable Registration Fee is \$25 for multiple enrollments.)

2018 -19 TUITION RATES

Tuition rates are subject to change January 1, 2019

Before Care	\$50 - Weekly Tuition
After Care	\$55 - Weekly Tuition
B/A Care	\$95 - Weekly Tuition

Total Payment Owed: Registration Fee \$35 + Weekly Tuition Amount \$_____ = _____

NOTE: The registration form and fee along with the first week tuition payment is all that is required at this time. Once the Registration Form is received, the Childcare Director will respond for confirmation and explain the rest of the enrollment process.

Submitting a registration form and fee does not guarantee enrollment.

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**