



YORK AVENUE AFTERCARE
2021-2022

Aftercare is available at York Avenue from 2:30 pm to 5:00 pm daily.

If you have regular Aftercare needs, please use the attached registration form. Return your completed form to the Lower School Office ASAP if you have regular Aftercare needs beginning in September to reserve your child's space.

Aftercare is provided by Tamara Woolsey Davis and Emily Maschal O'Donnell. Aftercare is available on an as-needed basis throughout the year, space permitting. Please contact Tamara Woolsey if you have Aftercare needs once the year begins.

Billing for Aftercare is as follows:

Regular Aftercare hours or prior notice:

- \$7.50 for the first hour, \$7.50 for each additional hour based on ½ hour increments, with at least one day of notice

Same-Day Rates:

- \$10.00 for the first hour, \$10.00 for each additional hour based on ½ hour increments, without notice

Please note: There is a \$25 late fee for every quarter hour for picking up after 5:00 pm.

If you have questions about the program, please contact **Tamara Woolsey at 518-222-7765 or lsaftercare@waldorfsaratoga.org**.

Aftercare fees will appear on your monthly billing statements the month after usage; aftercare sibling discounts will apply.

2020-2021
YORK AVENUE AFTERCARE
Aftercare Registration Form (one form per child please)

Month(s): _____

Student's Name: _____ Grade: _____

Today's date when submitting form: _____

Please check each box corresponding to the days your child will regularly attend aftercare and indicate **approximate pick up time**:

Name	Monday/ Pick up time	Tuesday/ Pick up time	Wednesday/ Pick up time	Thursday/ Pick up time	Friday/ Pick up time

By signing this form, the parent/guardian acknowledges that they and their child(ren) have agreed to accept the rules and regulations established by the school currently and during the school year. The school has the right to suspend or dismiss any student as a result of his/her behavior.

Parent's Name _____

Signature _____ Date _____

Address _____

Home phone _____

Cellphone _____ Other#(Spouse/Caregiver) _____

On the rare occasion your child needs to be sent home or when there is school closing, please provide two emergency contact numbers in the event parents cannot be reached.

Name Relationship to child Cell #

Name Relationship to child Cell #