



# SAFE of West Babylon

WBSAFE5860@verizon.net

## ARE YOU LOOKING FOR AFFORDABLE, QUALITY AFTER-SCHOOL CARE?

Look no more! SAFE of West Babylon, an after-school program located at Santapogue Elementary, has been serving West Babylon students for over 30 years.

Under the direction of a New York State certified teacher, the program employs a full-time registered nurse and a dedicated, experienced staff. Each staff member has successfully completed our thorough screening process and are First Aid, CPR, and AED certified through the program.

Our program offers healthy snacks, a chaperone directed homework center, arts and crafts, physical activities, a variety of cultural art experiences, and peer centered activities.

Children are transported from their school to the SAFE program, where they will be supervised and entertained until they are picked up by a parent or guardian. All children must be picked up by 6:00 p.m.

**We boast a low child to chaperone ratio at all times.**

The tuition rate for September 2016 is \$11.00 per day for children attending full time, and \$12.00 per day when attending part time. There is a 10% discount for each additional family member.

Registration is held at the SAFE office located in Santapogue Elementary, at 1130 Herzel Boulevard, West Babylon, New York 11704 BETWEEN THE HOURS OF 3 TO 5:30 P.M.

For more information, please call (631) 884-5860 after 3:00 P.M

S.A.F.E.  
P.O. Box 1837  
West Babylon, NY 11704  
631-884-5860  
WBSAFE5860@verizon.net

**Board of Directors**

John Evola  
Heather Masching  
Susan Tronolone

**Office Staff**

Marta Romeo, Secretary/Treasurer  
Daniel Powers, Director  
Barbara Dinardo, Office Manager

Name: \_\_\_\_\_

School Year: 2016 - 2017

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Will attend: \_\_\_\_\_ days per week M \_\_\_\_\_, T \_\_\_\_\_, W \_\_\_\_\_, Th \_\_\_\_\_, F \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Can be Reached Until: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Can be Reached Until : \_\_\_\_\_

Name	Phone #	Relationship	May Pick Up My Child	May Be Contacted in an Emergency

**Please complete reverse side**

- Tuition Rates: \$11.00/day when attending 5 days a week, \$12.00/day on a per diem basis. Payments are due by the 10<sup>th</sup> of each month to avoid a late fee
- Registration: \$50.00 per family, payable upon registration, and non-refundable.
- June 2017 tuition is due upon registration as a security deposit and is refundable upon early termination.

**CIRCLE ONE**

Are there any medical concerns or food allergies you want us to be aware of?    YES    NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child on any medications?    YES    NO

If yes, please discuss this with our nurse.

Doctor's Name: \_\_\_\_\_ Office #: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Office #: \_\_\_\_\_

Address: \_\_\_\_\_

Would you like your child to complete homework at SAFE?    YES    NO

I agree to follow the guidelines and procedures as stated in the handbook. I will adhere to the payment schedule as outlined and described.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date