

RILEY AVENUE ELEMENTARY SCHOOL

374 Riley Avenue
Calverton, NY 11933
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Ms. Nancy Carney
Superintendent of Schools
(631) 369-6717

Mr. David Enos
Principal
(631) 369-6804

Ms. Jeanne Grim
Assistant Principal
(631) 369-6805



September 2017

Dear Parents:

The Before School Child Care Program will continue for the 2017/2018 school year. The program will begin on the first day of school. The fee for this program will be \$3.25 per day for registered students. Fees must be paid the first week of each month. If you only need the program on an occasional basis, the daily fee is \$8.00. Following is the payment schedule and related dates:

DATE	AMOUNT	DATE	AMOUNT
Sept.	\$55.25	Feb.	\$48.75
Oct.	\$68.25	Mar.	\$68.25
Nov.	\$55.25	Apr.	\$52.00
Dec.	\$52.00	May	\$71.50
Jan.	\$68.25	Jun.	\$52.00

Students may arrive at 7:30 AM. You must bring your child into the building and sign them into the program each morning. This is to insure your child's safety.

The children may eat breakfast. A complete nutritious breakfast is available for \$1.25 or they may bring in their own. Following breakfast the children will be involved in quiet age-appropriate activities.

Exemplary behavior is expected for this program. Any student who cannot follow the rules and act appropriately will be asked to leave the program.

To enroll your child, please fill out the registration form. There is a \$10 non-refundable fee due with the registration form. You may also bring the form and registration with you on the first day.

PLEASE BE AWARE THAT IN THE EVENT OF A DELAYED OPENING THERE WILL BE NO MORNING PROGRAM.

Make checks or money orders payable to:

Riverhead Central School District

You may mail the form and fee to:

**Riley Avenue School
Attn: Before School Program
374 Riley Avenue
Calverton, NY 11933**

A NEW FORM AND FEE IS REQUIRED FOR EACH SCHOOL YEAR.

**RIVERHEAD CENTRAL SCHOOL DISTRICT
631-369-6804**

BEFORE SCHOOL PROGRAM REGISTRATION FORM
(PLEASE PRINT)

Child's Name: _____ Grade in September: _____

School: _____ Current Teacher: _____

Child's Address: _____
(Street) (Town) (Zip Code)

Home Phone #: _____ E-Mail: _____

Mother's Full Name: _____

Mother's Cell #: _____ Work #: _____

Father's Full Name: _____

Father's Cell #: _____ Work #: _____

Emergency Contact (Please List Two) – Full Name and Telephone Numbers

1. _____

2. _____

Please list any information that someone working with your child should know, (i.e.: allergies, medications, temper tantrums, cries easily, custody disputes), if none please write NONE.

I give permission for the school nurse to provide health information about my child. I give permission for my child to receive emergency medical treatment.

Parent Signature: _____ Date: _____