



## **Aftercare Program**

**2:30-5pm**

**Monday-Friday**

**Need extended hours after the school day ends? Come Stay and Play with us for more fun and socialization in a warm and caring environment! We provide snacks and activities along with additional outdoor playtime.**

### **Yearly Tuition Schedule - September 2024-2025**

<b><i>5 days a week</i></b>	<b><i>\$5000</i></b>
<b><i>4 days a week*</i></b>	<b><i>\$4800</i></b>
<b><i>3 days a week*</i></b>	<b><i>\$4200</i></b>
<b><i>2 days a week*</i></b>	<b><i>\$3800</i></b>
<b><i>1 day a week*</i></b>	<b><i>\$2400</i></b>
<b><i>Drop-in</i></b>	<b><i>\$20/hr</i></b>

**\* Please note: when enrolling for 4 or fewer days of aftercare, your selected day(s) each week is set for the year. That is, there is no switching the day(s) your child stays from week to week. Please mark your preferred schedule on page 2 of this form.**

**Fees for our Aftercare Program will be added to your preschool contract and will be collected at the same time and in the same manner as preschool fees; that is, using e-check or credit card payment.**

**Questions? Contact [Sloanegoldstein@ohebshalom.org](mailto:Sloanegoldstein@ohebshalom.org)**

## PERSONAL INFORMATION

Child's Name \_\_\_\_\_  
Last First

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

Gender \_\_\_\_\_ M \_\_\_\_\_ F

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Phone & Email Parent 1: \_\_\_\_\_

Phone & Email Parent 2: \_\_\_\_\_

Please select your preferred program schedule

Monday	Tuesday	Wednesday	Thursday	Friday

Parent signature \_\_\_\_\_ Date \_\_\_\_\_