



**Giocare Playschool Extended Hours Program  
552 5<sup>th</sup> Avenue, Brooklyn, NY 11215**

**Child's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**EARLY DROP OFF**

Please sign up for your Early Drop Off use. During Early Morning, children will be able to finish their breakfast and work on table toys and art projects.

**I intend to use (please check all that apply):**

***Early Morning Drop Off*** (starts at 7:45)

\_\_\_\_\_ 2 Days a Week (\$55 per month)

\_\_\_\_\_ 3 Days a Week (\$75 per month)

\_\_\_\_\_ 5 Days a Week (\$100 per month)

If you intend to use Early Morning Drop Off regularly, please let us know what time you anticipate dropping your child off: \_\_\_\_\_

## **AFTERSCHOOL**

### **Schedule**

3:00-3:30 Snack Time/get ready to go outside

3:30-4:30 Outdoor Time

4:30-5:15 Project/Choice Time

5:30-6:00 Pack up, stories and songs

### **Project Classes (sample – subject to change)**

- **Monday:** ARTS & CRAFTS – Children will enjoy using different mediums to create collage, paintings, clay, and other art projects based on artist techniques and creative exploration.
- **Tuesday:** COOKING – Children will enjoy creating various food projects from baking bread or French toast to assembling a pasta salad and fruit kabobs.
- **Wednesday:** SCIENCE & NATURE- Children will explore their natural world and learn how we can use materials found in the world to do all kinds of things! We will also engage in science experiments and learn about cause and effect.
- **Thursday:** CREATIVE MOVEMENT- Children will explore acting out and dancing through storytelling and dramatic play. Children will do participate in movement games and exercises that allow them to become more confident with peers and express themselves.
- **Friday:** CHOICE TIME & GAME DAY – Children will explore age-appropriate indoor games such as checkers and bingo, various collaborative and individual puzzles, and scavenger hunts. Through this experience children will learn to work together, persist to the end of the task and feel confident in their problem solving ability....and have fun! Choice time will also be part of this afternoon routine.

### **Semester in Advance (5% discount)**

Semester Rate (1<sup>st</sup>: September 12<sup>th</sup>-January 31<sup>st</sup>; 2<sup>nd</sup>: February 1<sup>st</sup>-June 21<sup>st</sup>)

5-days - \$1775 4-days - \$1545 3-day – \$1215 2 days – \$950 1 day - \$475

### **Monthly**

5-days - \$375 4-days - \$325 3-day – \$250 2 days – \$200 1 day - \$100

### **Class only Monthly Rate (pick up 4:30)**

\$70 per month per day of the week

### **How to sign up?**

Children can sign up below. We follow the DOE schedule for vacations and breaks, however, holiday camp may be available to afterschool children from 8am-4pm on these days.

**Afterschool Enrollment Form**

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade/School: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Days of the week:  Monday  Tuesday  Wednesday  Thursday  Friday

Class only (3-4:30pm) Days: \_\_\_\_\_

Is there anything you'd like us to know about your child that is important? (eg. important recent life event, allergies, favorite snack)

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

**Authorized Pick Up List**

Here please list anyone authorized to pick up your child

NAME	RELATIONSHIP	PHONE/CELL #
_____	_____	(____)_____-_____
_____	_____	(____)_____-_____
_____	_____	(____)_____-_____

I authorize the above individuals to pick up my child \_\_\_\_\_  
from the afterschool program.

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

\_\_\_\_\_  
Date

## Payment Information

Name on Account/Card: \_\_\_\_\_

Billing Address :

\_\_\_\_\_ City :

\_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_ Account

Holder Phone: \_\_\_\_\_

Signature : \_\_\_\_\_

***If using Electronic Funds Transfer from a Checking or Savings***

**Account:** Routing Number:

\_\_\_\_\_ Account Number:

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

\_\_\_\_\_

***If using a Credit Card:*** (Circle One): VISA / MASTERCARD / AMEX /

DISCOVER Credit Card #:

\_\_\_\_\_ Expiration Date

[MM/YY]: \_\_\_\_\_ Security Code / CVV2 : \_\_\_\_\_

**Please choose a payment option below:** \* Recurring credit cards/EFT payments will automatically be processed on the 5th of the month unless other arrangements have been made.

<input type="checkbox"/>	Pay by check, monthly installments
<input type="checkbox"/>	Pay by EFT or credit card*, monthly installments
<input type="checkbox"/>	Pay by check, semester installment
<input type="checkbox"/>	Pay by EFT or credit card*, semester installments