



Hours

Before School Program:

7:30 AM – 8:30 AM

After School Program:

2:45 PM – 5:30 PM

Our Program

SJRS Child Care begins each day with a choice of snack, homework time, and free playtime in the child care room, on the playground, and in our cafeteria space. Our homework room allows the children from second grade through eighth grade to complete their studies in a quiet environment. We love spending time on the playground, weather permitting, so please send your child with appropriate “gear” for seasonal weather!

Registration Information

Hello and welcome new families and welcome back returning families! Each new family is responsible for a \$20.00 registration fee, along with your completed registration form. For returning



families, we require a new registration form in order to attend the SJRS Child Care program. Please fill this form out so that your child can enjoy the Child Care program with us this year!

Fees

One Child- \$5.00/hour

Two Children- \$8.00/hour

Three Children- \$10.00/hour

Billing and Payment

Families are responsible for signing their children OUT each afternoon with the time of departure.

Bills will be placed in the family’s Child Care “mailbox” each week.

If payment balances exceed two weeks of invoices, we will request that a payment is made in full.

A \$25.00 fee will be imposed for any checks not honored by the bank on which it is drawn.

Contact Information

Abbey Hoye
(603) 357-0339
ahoye@stjosephkeene.org

Saint Joseph Regional School Child Care Registration Form 2021-2022

Child’s Name: _____

Birthdate: _____ Age: _____ Grade: _____

Address: _____

Special Needs/Allergies/Concerns: _____

Child’s Physician: _____

Child’s Dentist: _____

Mother/Guardian’s Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Work Place: _____

Father/Guardian’s Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Work Place: _____

Best Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Additional People that May Pick up my Child:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

I realize that the above listed people may be requested to show proof of identification. I further realize that if doubt exists, then the staff may not release my child and that I will be notified immediately.

Parent/Guardian Signature: _____ Date: _____

