St. Kevin Catholic Academy
After School Program

45-50195 Street
Flushing, NY 11358
718-357-8110

Dear St. Kevin Families,

The SKCA After School Program provides homework assistance, fun activities, snacks and drinks on a daily basis. We are well staffed with faculty from St. Kevin and provide a safe, fun environment for your children each afternoon.

Program information and fees are noted on the back of this letter and attached is the registration form.

If you have any questions, please call me at 215-853-6460.

Sincerely,

After School Coordinator

St. Kevin Catholic Academy
After School Program

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Flushing, NY 11358
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PROGRAM HOURS: 3:00 PM to 6:00 PM

GRADES: Nursery– 8th Grade

REGISTRATION FEE: $20.00 Per Family

Daily Rate:

$25 Per Day/Per Child
$50 - 2 Children / Per Day
$58 – 3 Children / Per Day
COST IF PICKED UP BEFORE 3:30 PM: $13.00 Per Day/ Per Child

$35 - Per Day/ Per Child **For half days (12:30pm -6:00pm)**
COST IF PICKED UP BEFORE 3:00 PM: $15.00 Per Day/ Per Child

LATE PICK UP: There will be a $15.00 fee for pick up past 6:00 PM and an additional $15.00 fee for each additional 15 minutes.

St. Kevin Catholic Academy
After School Program
2026-2027
Registration Form

Child's Name: _____

Grade: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Mother's Full Name: _____

Mobile Number: _____

Work Number: _____

Father's Full Name: _____

Mobile Number: _____

Work Number: _____

Emergency Contact Person: _____

Relationship: _____

Phone Number: _____

Email Contact: _____

Any Allergies or Medical Issues: _____

Please Check Days Needed:

Monday____ Tuesday____ Wednesday____ Thursday____ Friday_____

A $20.00 NON-REFUNDABLE REGISTRATION FEE PER FAMILY MUST BE INCLUDED WITH THIS APPLICATION. Please make check payable to "St. Kevin Catholic Academy". Thank you.

After School Program Pick-Up Authorization

Child's Name: _____

_____

I, _____, give permission for the following
(Parent Name)
adults to pick up my child from St. Kevin's After School Program. I am aware that identification will be required at the time of pick-up.

NAME:_____Cell Number:_____

NAME:_____Cell Number:_____

NAME:_____Cell Number:_____

NAME:_____Cell Number:_____

Parent's Signature_____

Date: _____