

## **STAY AND PLAY @ RSJ**

We are excited to offer before and afterschool care, Stay and Play @ RSJ!

### **MORNINGS**

Early Drop Off 7:00 - 8:00 AM

### **AFTERNOONS**

Extended Day 2:20 - 3:30 PM

**COST** - \$20 per session for either morning care **or** aftercare for any portion of the extended hour used.

## **PAYMENTS AND POLICIES**

**DROP-INS WELCOME!** For morning care, we kindly request 24 hours notice if possible, to make sure we have staff on site to provide care. For aftercare, please send a message to the office to make arrangements.

**MONTHLY DISCOUNT** The monthly rate varies by month based on the number of school days. When you prepay for a month of care, we offer a discount! Inquire for details!

**BUNDLE DISCOUNT** - If you sign up for both mornings and afternoon care, we offer a further discount for bundled pre-payment. Inquire for details!

Monthly payments are due on the 1st of the month for the upcoming month. September's payment is due on the first day of school. There are no refunds or credits for unused days.

Drop-In Invoices will be sent on the 1st of the month for the previous month. Payments are due by the 5th.

Late or missed tuition payments can result in late fees assessed. If you need to make arrangements for late payment, please call the school office.

Cash only, please.

If you have any questions, please contact the school office.

Our hours are: Monday - Friday, 8:00 a.m. to 2:15 p.m.

Our phone number is 718.833.7700 and email is [RSJNursery@gmail.com](mailto:RSJNursery@gmail.com).



## Redeemer-St. John's Nursery School Stay and Play Registration 2025-2026

### Program Choice

Before Care \_\_\_\_\_ After Care \_\_\_\_\_ Before & Aftercare \_\_\_\_\_

Child's Name \_\_\_\_\_  
(please print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Does child have asthma, any allergies and/or use an epi-pen?

\_\_\_\_\_

Please list an additional contact in case of an emergency:

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone No. \_\_\_\_\_

Monthly Amount Due: \_\_\_\_\_

Date \_\_\_\_\_

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