

S.A.F.E.  
P.O. Box 1837  
West Babylon, NY 11704  
631-884-5860  
WBSAFE5860@verizon.net

**Board of Directors**

Barbara Dinardo  
John Evola  
Susan Tronolone  
Marta Romeo, Secretary/Treasurer

**Office Staff**

Daniel Powers, Director  
Tina Caluori, Office Manager

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

School Year: 2025 - 2026

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

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

Will attend: \_\_\_\_\_ days per week M \_\_\_\_\_, T \_\_\_\_\_, W \_\_\_\_\_, Th \_\_\_\_\_, F \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Can Be Reached Until: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Can be Reached Until : \_\_\_\_\_

Name	Phone #	Relationship	May Pick Up My Child	May Be Contacted in an Emergency

**Please complete reverse side**

Tuition Rates: \$14.00/day when attending 5 days a week, \$15.00/day on a per diem basis. Payments are due by the 10<sup>th</sup> of each month to avoid a late fee

- Registration: \$75.00 per family, payable upon registration, and non-refundable.
- June 2026 tuition is due upon registration as a security deposit and is refundable upon early termination.

**CIRCLE ONE**

Are there any medical concerns or food allergies you want us to be aware of?    YES    NO

If yes, please explain:

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Is your child on any medications?    YES    NO

If yes, please discuss this with our nurse.

Doctor's Name: \_\_\_\_\_ Office #: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Office #: \_\_\_\_\_

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

Would you like your child to complete homework at SAFE?    YES    NO

I agree to follow the guidelines and procedures as stated in the handbook. I will adhere to the payment schedule as outlined and described.

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

\_\_\_\_\_  
Date