Long Island Foundation For
Education & Sports

June 29, 2026

Dear Parents:
Welcome to enrollment for the 2026-2027 school year! We are now accepting applications for the Port Jefferson Before & After School Program. The program will continue to be held at the elementary school. The program is open to students in PreK – 5th grade.

Morning care runs from 7am – 9am in the Large Group Room on the right side of the school. Children come in and have breakfast, play games, and socialize with peers.

Aftercare runs from 3:20 to 6pm. Children walk down to the Large Group Room directly from their classrooms at the end of the school day. Students do homework, have snack, draw, play board games, go outside, and/or play sports.

Pick up is absolutely no later than 6pm.

Please find an enrollment packet attached. We will be passing this information out to current enrollees, and then opening up enrollment to other interested Edna Louis Elementary families until we reach capacity. Applications will be accepted on a first come, first serve basis. After an application is accepted, there may be some additional paperwork required from OCFS that parents/physicians will need to fill out and return before beginning the program.

If you have any questions about the specifics of the program, please contact Lisa Fuhrmann, Program Director for LIFFES at 516-380-4578 or you can email her at fuhrmannlisa@yahoo.com.

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Important Policies & Information

- **LIFFES is licensed and regulated by The Office for Children and Family Services (OCFS)** There are several documents in the enclosed packet that each student is required to have on file. Please complete them accurately and thoroughly. We are required to follow the OCFS regulations to ensure a safe, high quality program for all students.

- **LIFFES is a 5 day per week program.** Tuition is based on enrollment and cannot be prorated or credited for absences, vacations, or participation in other programs. We are unable to accept partial tuition.

- **A MINIMUM OF 30 DAYS' WRITTEN NOTICE IS REQUIRED TO WITHDRAW FROM THE PROGRAM.** ***Tuition remains due through the 30-day notice period, even if a child stops attending before the end of that period.***

- **Tuition is due upon receipt of the monthly invoice, which is mailed around the 15th of the month for the following month (i.e. you will receive an invoice around September 15th for October)**. Payments will be made through PayPal. Unpaid tuition may result in the loss of your child's enrollment and will prevent registration for future school years until the account is paid in full.

- **Children must be picked up by 6:00 PM**. A late fee will be charged for pickups after 6pm. Repeated late pickups may result in the loss of your child's enrollment.

- **To ensure a safe environment for all children, students are expected to follow the Behavior Contract included in the enrollment packet**. Students are expected to be polite, respectful, listen and follow instructions. There is zero tolerance for any physical, disrespectful and/or aggressive behaviors.

- **A 2-hour delay will cause morning care to start 2 hours later (9am). If students are dismissed from school early, LIFFES will begin aftercare earlier.**

- **Please note that if there is a scheduled half day from school, there is no aftercare program. When school is closed for the full day, LIFFES is also closed.**

Thank you for your understanding! If there are any additional changes, we will let you know.

Warmest Regards,
Lisa Perry, President of LIFFES
Perrylisa2104@gmail.com

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PORT JEFFERSON BEFORE & AFTER SCHOOL
PROGRAM APPLICATION FOR GRADES PREK-5
2026-2027

CHILD INFORMATION

Child's Last Name:_____First Name:_____

Street:_____

City:_____Zip:_____

Phone:_____Date of Birth:_____

Parent Email Address:_____

Grade of Child for 2026-2027 School Year: _____

PROGRAM TUITION & SCHEDULE

Morning Care:	Aftercare:
7:00 AM – 9:00 AM - 5 Days per week	3:20PM - 6PM - 5 Days per week
$450 per month	$475 per month

CONTACT INFORMATION

Parent/Guardian # 1

Name: _____

Cell Phone:_____

Email Address for Communication: _____

Parent/Guardian # 2

Name:_____

Cell Phone:_____

Emergency Contacts (Other than Parents)

1. Name:_____Relationship:_____
   Cell Phone:_____
2. Name:_____Relationship:_____
   Cell Phone: _____
3. Name: _____ Relationship:_____
   Cell Phone: _____

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CHILD INFORMATION

Childs Last Name**:**_____First Name**:**_____

Street**:**_____Male:_____Female:_____

City**:**_____State**:** _____ Zip**:** _____

Cell Phone**: (_____)**_____Date of Birth_____

Authorized Pick Ups

Parent/Guardian with Legal Custody to be Contacted in Case of Illness or Injury & Pick-Up

Parent 1:_____**Phone:**_____

Parent 2:_____**Phone:**_____

Additional Names of Authorized Adults for Pick Up:

Name and Phone:_____**Relationship:**_____**Car:**_____

Name and Phone:_____**Relationship:**_____**Car:**_____

Name and Phone:_____**Relationship:**_____**Car:** _____

ALLERGIES

If your child has an allergy diagnosed by a doctor, please let us know below as additional OCFS paperwork is required. If not officially diagnosed, please skip this section and select "No Known Allergies"

No known Allergies_____ My Child is Allergic To: Food Medicine Other

Please describe below what your child is allergic to and reaction seen:

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MENTAL, EMOTIONAL, & SOCIAL HEALTH- CHECK "YES" OR 'NO' FOR EACH STATEMENT

Has the Child:

Ever been treated for attention disorder (ADD)	**YES __**	**NO ___**
Ever been treated for emotional or behavioral concerns	**YES __**	**NO ___**
Experienced a significant event that continues to affect him/her	**YES __**	**NO ___**

AGREEMENTS:
Please write "YES" or "NO" answers in the space below.

- I consent to emergency medical treatment for my child. _____
- I consent for my child to play outside the school and on the playground. ____
- I understand LIFFES may need permission for events, release of information, etc. _____
- I provided information on my child's special needs to the program to assist in caring for my child. ___
- I agree to review and update this information whenever a change occurs and at least once every year _____

Parent Signature and Date: _____

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BEHAVIOR CONTRACT
BEFORE CARE AND AFTER CARE PROGRAM
PORT JEFFERSON VILLAGE CENTER

The Long Island Foundation for Education & Sports Before and After School Program at Edna Louise Elementary School is offered to Port Jefferson School District Elementary School students to help provide homework help; promote physical activity; cultivate positive socialization and teach good sportsmanship.

It is very important to the LIFFES staff that all the children attending display positive behavior. Behaviors other than that including but not limited to pushing, kicking, fighting, stealing, teasing, bullying, eloping, and talking back will be considered disruptive and violate LIFFES code of conduct. We expect the students to respect their teachers and listen to instructions and limit talking back.

Absolutely no physical contact will be tolerated.

The following consequences will be enforced should any disruptive behaviors take place:

First Violation: Parent/Guardian will be contacted (phone call)

Second Violation: Parent & Program Directors will discuss infractions and a final warning will be discussed at a sit-down meeting

Third violation: Parent will be notified that the child will no longer be allowed to attend program

By signing this behavior contract, you are agreeing to abide by this document and the terms set forth.

Student's Signature:_____Date:_____

Parent's Signature:_____Date:_____

VIOLATIONS & DATE

#1 DATE: _____

#2 DATE: _____

#3 DATE: _____

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Education & Sports

CREDIT CARD INFORMATION

Tuition invoices are emailed via PAYPAL around the 15th of each month for the following months tuition (for example, October's tuition is invoiced is sent out which around September 15th). Payment is due upon receipt of invoice. Credit card information is required to be kept on file.

ALL TUITION BALANCES FROM THE PREVIOUS SCHOOL YEAR MUST PAID IN FULL BEFORE A CHILD MAY BE REGISTERED FOR THE UPCOMING SCHOOL YEAR.

Payments not received by the 1st of the month are subject to a $25 late fee. Tuition is non-refundable and no credits are given for absences.

A minimum of 30 days' written notice is required to withdraw from the program. Tuition remains due throughout the 30 day notice, even if your child stops attending before the end of that period.

If you know your child will not be attending program due to illness, vacation, appt. etc. please notify Lisa prior to 3PM on that day at 516-380-4578 or email her at Fuhrmannlisa@yahoo.com

NAME:_____**EMAIL:**_____

CREDIT CARD #: _____

EXP DATE:_____

CIRCLE ONE: **American Express** **Master Card** **Visa**

SIGNATURE: _____

DATE: _____