

MY SPECTRUM SCHOOL & CENTER

Gifted & Talented Early Childhood Education

myspectrumschool.com (516)883-8035 info@myspectrumschool.com



WINNER

BEST TEACHER, MR. SCIENCE JASON 2022 - 2026

BEST PRIVATE SCHOOL 2023 & 2024, 2026

BEST AFTER-SCHOOL 2023 & 2024, 2026

BEST PRESCHOOL 2022 - 2024, 2026

BEST CHILD CARE 2021 - 2024, 2026

BEST SUMMER CAMP 2021 - 2024, 2026

GRANT PROJECT NYAEYC, MS. JENNIFER 2024

After-School Enrichment Program Registration

STEAM Science Technology Engineering Art Math

Minecraft | Digital Music | Photography | Playground | Homework **ENRICHMENT**

September 14, 2026 - June 11, 2027

Date of Registration _____

Child's Name _____
(First) (Middle) (Last)

Date of Birth (month/day/year) _____ Current Age _____ Gender _____

Child's Dominant Language _____

Child's Individual Education Plan IEP ☐ Yes, submit via email ☐ No

Child's allergies (check all that apply)

☐ Eggs ☐ Milk ☐ Soy ☐ Wheat ☐ Shellfish ☐ Peanuts ☐ Tree Nuts (walnuts, cashews, pecans) ☐ Other _____

Child's other allergies (check all that apply) ☐ Latex ☐ Bees ☐ Wasps ☐ Hornets ☐ Other _____

Child's domain strengths/intelligences (check all that apply)

☐ Linguistic/ Language ☐ Logical/ Mathematical ☐ Naturalist/ Science ☐ Spatial/ Art ☐ Musical

☐ Intrapersonal/ Interpersonal/ Social Understanding ☐ Bodily-Kinesthetic/ Movement

PW School District Zone ☐ Daly ☐ Guggenheim ☐ Manorhaven ☐ Sousa ☐ South Salem ☐ Other _____

How did you hear about us?

☐ Student ☐ Web Search ☐ Google Ad ☐ Facebook Ad ☐ Print Ad ☐ Friend ☐ Other _____

Parent/ Guardian Information

☐ Parent ☐ Step-Parent ☐ Guardian ☐ Foster Parent

☐ Dr. ☐ Esq ☐ Mr. ☐ Mrs. ☐ Ms.

(First) (Last)

Occupation: _____

Nationality: _____

☐ Parent ☐ Step-Parent ☐ Guardian ☐ Foster Parent

☐ Dr. ☐ Esq ☐ Mr. ☐ Mrs. ☐ Ms.

(First) (Last)

Occupation: _____

Nationality: _____

Contact Information

Name: _____

Home Address: _____

Email Address: _____

Emergency Phone Number(s): _____

☐ **Private Preschool & Prekindergarten** (Private Bus Transportation or Family Drop Off)

Session	Monday Snack Art Drawing Painting	Tuesday Snack Games Puzzles	Wednesday Snack Music Dance Movement	Thursday Snack Science Engineering	Friday Snack Social Play	
3:00pm-5:00pm	☐	☐	☐	☐	☐	
Session	1 Day	2 Days	3 Days	4 Days	5 Days	Tuition
3:00pm-5:00pm	☐ \$208	☐ \$384	☐ \$528	☐ \$672	☐ \$800	per month

☐ **Port Washington UFSD Daly Elementary Universal Prekindergarten:** (PWUFSD Bus Transportation)

Session	Monday Snack Art Drawing Painting	Tuesday Snack Games Puzzles	Wednesday Snack Music Dance Movement	Thursday Snack Science Engineering	Friday Snack Social Play	
2:00pm-3:00pm	☐	☐	☐	☐	☐	
2:00pm-4:00pm	☐	☐	☐	☐	☐	
2:00pm-5:00pm	☐	☐	☐	☐	☐	
Session	1 Day	2 Days	3 Days	4 Days	5 Days	Tuition
2:00pm-3:00pm	☐ \$96	☐ \$176	☐ \$246	☐ \$312	☐ \$370	per month
2:00pm-4:00pm	☐ \$192	☐ \$352	☐ \$492	☐ \$624	☐ \$740	per month
2:00pm-5:00pm	☐ \$288	☐ \$528	☐ \$738	☐ \$936	☐ \$1110	per month

☐ **Port Washington UFSD Kindergarten-Grade 5:** **Daly, Manorhaven, Guggenheim** (PWUFSD Bus Transportation)

Session	Monday STUDIO Visual Arts Theater Music Movement Technology	Tuesday LAB Science Technology Engineering Math	Wednesday STUDIO Visual Arts Theater Music Movement Technology	Thursday LAB Science Technology Engineering Math	Friday STEAM CHOICE	
2:30pm-4:00pm	☐	☐	☐	☐	☐	
2:30pm-5:00pm	☐	☐	☐	☐	☐	
Session	1 Day	2 Days	3 Days	4 Days	5 Days	Tuition
2:30pm-4:00pm	☐ \$144	☐ \$264	☐ \$369	☐ \$468	☐ \$555	per month
2:30pm-5:00pm	☐ \$240	☐ \$440	☐ \$615	☐ \$780	☐ \$925	per month

☐ **Port Washington UFSD Kindergarten-Grade 5:** **Sousa, South Salem** (PWUFSD Bus Transportation)

Session	Monday STUDIO Visual Arts Theater Music Movement Technology	Tuesday LAB Science Technology Engineering Math	Wednesday STUDIO Visual Arts Theater Music Movement Technology	Thursday LAB Science Technology Engineering Math	Friday STEAM CHOICE		
	3:00pm-4:00pm	☐	☐	☐	☐	☐	
	3:00pm-5:00pm	☐	☐	☐	☐	☐	
	Session	1 Day	2 Days	3 Days	4 Days	5 Days	Tuition
3:00pm-4:00pm	☐ \$96	☐ \$176	☐ \$246	☐ \$312	☐ \$370	☐ \$370	per month
3:00pm-5:00pm	☐ \$192	☐ \$352	☐ \$492	☐ \$624	☐ \$740	☐ \$740	per month

TUITION PAYMENT SCHEDULE & POLICIES

- **NO REGISTRATION FEE**
- **SUPPLIES & MATERIALS INCLUDED IN TUITION, EXCEPT PERSONAL JOURNAL**
- **FREE Port Washington Union Free School District Bus Transportation**
 - Bus transportation form to be completed and submitted directly to PWUFSD

Tuition Payment Schedule

- September-December 4 months tuition payment due **AT REGISTRATION**
- January-March 3 months tuition payment due **DECEMBER 1, 2026**
- April-June 3 months tuition payment due **MARCH 1, 2027**

Parent/ Guardian Initial_____

Tuition Payment Policy

- **No make-up days, no switching days, no tuition refunds, and no tuition reimbursements**, provided for any reason. This includes, but not limited to:
 - School or center closures/ holidays/ recess/ professional development/ emergency closures
 - Student absences
 - Extended vacations
 - Personal matters
- **STEAM Workshops**: Paid separately, not included in tuition.

Tuition Payment Receipt & Forms of Payment

- Tuition invoices and receipts sent via email to the address on file with forms of payment options:
 - ☐ Cash (*No Fee*)
 - ☐ Personal Check – *Payable to My Spectrum Center (No Fee)*
 - ☐ ACH (*Quickbooks Fee*)
 - ☐ Credit Card & Apple Pay, PayPal, Venmo (*4% Fee per Invoice*)

Late or Unpaid Tuition Policy

- Tuition payments are due according to the schedule outlined in the *After-School Enrichment Program Registration*.
- A **\$60 late fee** will be added to the invoice **on the 5th day** if full payment is not received and each month until paid.
 - Full tuition payment must be received **by the 28th of the month due**.
 - Accounts more than **7 days past due** after the 28th may result in the child being **withdrawn from the program** until the account is made current.
 - *Re-enrollment is subject to space availability and may require payment of all outstanding balances of tuition and late fees.*
- Unpaid balance may be **referred to a third-party collection agency**.

Late Pick-Up Policy

- A **late fee of \$1 per minute per child** will be charged for pick-up beyond the scheduled time.
- Payment can be made in **cash or check** at the time of pick-up or the fee will be **added to a monthly tuition invoice**.

Returned Checks

- A **\$35 returned check fee** applies for bounced payments. Additional **processing fees** may also apply.

Holiday & School Closure Policy

- My Spectrum School & Center calendar will be provided.
- My Spectrum School & Center generally aligns with Port Washington Union Free School District (PWUFSD) policies for snow days, early dismissals, and weather-related closures or delays. School closures or delayed openings may also occur due to inclement weather, natural or national disasters, or significant building issues, prioritizing the health and safety of staff, families, and children.

Health Care Plan/ Wellness & Absence Policy

- Child displays any sign of illness: runny nose, cough, sneeze, fever, earache, sore throat, rash or other illness symptoms, **child must stay home** until symptom free and well to attend school.
- Child displays any sign of illness at school, parent(s)/ guardian(s) will be contacted to either pick up his/ her child promptly or arrange an authorized emergency contact to pick up child.
- If child contracts or is exposed to a contagious disease, **child must stay home** and email school immediately @ info@myspectrumschool.com.
- **If absent due to illness, a dated and signed doctor's note confirming that the child is well enough to attend school is required upon the child's return.**
- If absent due to personal matters, email school promptly @ info@myspectrumschool.com.

Parent/ Guardian Consent

I give my consent to My Spectrum School & Center for my child to:

- Participate in school/ center/ camp water play and academic contests
- Be photographed and/ or recorded for use in social media, website, publications, and advertisements
- Parent/ guardian-provide sunscreen and/ or insect repellent applied as needed

Parent/ Guardian Initial: _____

FINANCIAL ASSISTANCE/ SUBSIDIZED TUITION RESOURCES

Families may be eligible for child care financial assistance through a variety of programs. Below are several options that may help offset tuition costs. Forms remain confidential.

- **Nassau County Department of Social Services (DSS)**
 - DSS may subsidize tuition up to 30 hours per week, depending on child's age and school attendance.
 - Full monthly tuition due by the 1st of the prior month (e.g., September tuition due August 1st)
 - Reimbursements are issued every two months based on family eligibility and DSS statements.
 - Any tuition balance not covered by DSS is the responsibility of the enrolled family.
 - More information: [Nassau County DSS Day Care](#)
- **Workforce Development Institute – Child Care Scholarship Program**
 - Provides financial assistance to working families through a scholarship program.
 - Learn more: [WDI Child Care Subsidy Program](#)
- **Military Child Care in Your Neighborhood (MCCYN)**
 - Offers child care fee assistance for military families using civilian child care providers.
 - Learn more: [Military Child Care in Your Neighborhood \(MCCYN\)](#)
- **Federal Employee Child Care Subsidy Program**
 - Supports eligible federal employees with child care expenses.
 - Learn more: [Federal Child Care Subsidy Information](#)
- **New York State Child Care Assistance Program (CCAP)**
 - Helps income-eligible families cover the cost of child care.
 - Learn more: [NY CCAP Information](#)
- **Child Care Aware of America**
 - A national organization that helps families find and afford child care, including military and low-income support options.
 - Learn more: [Child Care Aware](#)
- **Child and Adult Care Food Program (CACFP)**
 - Complete and submit the form to My Spectrum School & Center. Forms remain confidential.

I understand and agree to My Spectrum School & Center After-School Enrichment Program Registration

Signature of Parent/ Guardian: _____

Date: _____

Signature of My Spectrum School & Center: _____

Date: _____



PORT WASHINGTON Union Free School District

GAURAV PASSI, Ed.D.
Superintendent of Schools

ROBIN MOURA
Director of Transportation

Administration Building
100 Campus Drive
Port Washington, NY 11050
516-767-5680
FAX 516-767-5683

PORT WASHINGTON SCHOOL DISTRICT TRANSPORTATION REQUEST FORM CHILDCARE LOCATION 2026/2027

All residents of the Port Washington School District requesting transportation for before and/or after school childcare locations **MUST** submit this application on or before **AUGUST 14, 2026** in order to be eligible for the **2026/27 school year**. Transportation will be provided to:

1. A childcare location is located within the attendance zone of the school the child attends.
2. A child day care center and/or school age childcare program licensed or registered pursuant to section three hundred ninety (390) of the social services law located anywhere within the school district.

Instructions: Please answer all questions on the transportation request form and have the childcare provider also sign the form and return it in an envelope to the: Port Washington School District, 100 Campus Drive, Port Washington, NY 11050, **Attn: Transportation Office**, before **AUGUST 14, 2026**.

We strongly recommend that, if you are filing after **AUGUST 14, 2026**, you hand deliver the form to the Administration Building at 100 Campus Drive. Please submit **one form per student** requiring transportation. A letter will be sent out with the new transportation information once your form(s) has been received.

Please note that without the signature of the childcare provider, we will not be able to provide childcare transportation.

I hereby request transportation for my child under the district policy regarding transportation for before and/or after-school childcare locations.

Parent/Guardian Signature _____

Childcare Provider Signature dina D Agostino Ed.D.

Date _____

(application on reverse side)

**PORT WASHINGTON SCHOOL DISTRICT
TRANSPORTATION REQUEST FORM CHILDCARE LOCATIONS 2026/2027**

TRANSPORTATION REQUEST FORM 2026-2027

(Please Print)

Student Name _____
Last First

Address _____

Town _____

Parent/Guardian Name _____ Email _____

Telephone (home) _____ Business # _____

Emergency Contact _____ Emergency Phone _____

School Attending _____ Grade as of September 2026 _____

Name of Childcare/Sitter Location _____

Address _____

Town _____ Email _____

Telephone _____

Starting Date _____

AM ONLY _____ PM ONLY _____ AM & PM _____

Contact Person _____

Please Note: We do not keep track of your child's schedule in the Transportation Office. The parent/guardian MUST notify the school's main office and teacher of your child's schedule.

Additional Information and/or Comments: _____

Note: The parent/guardian is responsible for notifying the Port Washington School District Transportation Office of any change to address and/or phone number or when transportation is no longer required.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -		
	CHILD'S FULL NAME:				DATE OF BIRTH: / /		
	PREFERRED NAME/NICKNAME:				GENDER:		
	CHILD'S HOME ADDRESS:						
NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____ ☐ Other _____				
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - ☐ ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):				
EMAIL ADDRESS:							
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER		OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		☐ Yes ☐ No	() - ☐ ok to text		() - ☐ ok to text	
			☐ Yes ☐ No	() - ☐ ok to text		() - ☐ ok to text	
			☐ Yes ☐ No	() - ☐ ok to text		() - ☐ ok to text	
FOR PROGRAM USE ONLY			FOR PROGRAM USE ONLY				
DATE OF ENROLLMENT: / /			DATE OF DISENROLLMENT: / /				

CHILD'S FULL NAME:		DATE OF BIRTH: / /	
Check boxes below to indicate if your child has any special needs/services: ☐ None ☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy ☐ Allergies (Please list) _____ ☐ Other _____			
Please provide information here AND discuss with your child care provider:			
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -	
PREFERRED HOSPITAL:		PHONE NUMBER: () -	
CHILD'S DENTAL CARE:		PHONE NUMBER: () -	
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/			
AGREEMENTS			
• I consent to emergency medical treatment for my child.....			☐ Yes ☐ No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....			☐ Yes ☐ No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....			☐ Yes ☐ No
• I provided information on my child's special needs to the program to assist in caring for my child.....			☐ Yes ☐ No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....			☐ Yes ☐ No
• I agree to review and update this information whenever a change occurs and at least once every year.....			☐ Yes ☐ No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:			DATE: / /

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: ☐ Positive ☐ Negative _____ mm			
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.			
Lead Screening Date: / /			
Attach lead level statement			
Lead Screening (Include All Dates and Results)			
1 year / /	Result: _____	mcg/dL	☐ Venous ☐ Capillary
2 years / /	Result: _____	mcg/dL	☐ Venous ☐ Capillary
Most recent date of lead screening (if different from above):			
/ /	Result: _____	mcg/dL	☐ Venous ☐ Capillary
Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.			
If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.			

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)***Health Specifics****Comments**

Are there allergies? (Specify) ☐ Yes ☐ No	
Is medication regularly taken? (Specify drug and condition) ☐ Yes ☐ No	
Is a special diet required? (Specify diet and condition) ☐ Yes ☐ No	
Are there any hearing, visual or dental conditions requiring special attention? ☐ Yes ☐ No	
Are there any medical or developmental conditions requiring special attention? ☐ Yes ☐ No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

_____ Signature of Examiner	_____ Address
_____ Please Print Name	_____ City, State, Zip
_____ Title	() - / / Phone Date

MY SPECTRUM SCHOOL & CENTER

Gifted & Talented Early Childhood Education

myspectrumschool.com (516)883-8035 info@myspectrumschool.com

After-School Enrichment Information

September 2026

Dear Families,

We look forward to welcoming your child(ren) to our After-School Program beginning Monday, September 14, 2026, with arrival from school by Port Washington Union Free School District (PWUFSD) bus, private school bus, or family drop-off.

Please Label and Pack the Following Items

To bring daily:

- Snack
- Water thermos
- Socks

To keep at school:

- Hand wipes
- One unlined notebook
- Indoor shoes with clean soles

Important Health & Safety Policy

If your child is absent from school or sent home early due to illness, please keep your child at home and do not send him/her to the After-School Program that day.

Please walk, do not run at the school front entrance. Please do not ride bicycles, scooters, skateboards, or other motorized or non-motorized vehicles on school grounds.

Important Calendar Differences

Please note that the My Spectrum School calendar differs from the PWUFSD district calendar on the following dates.

My Spectrum School is **OPEN** on:

- Tuesday, November 3, 2026
- Tuesday, March 9, 2027
- Friday, May 28, 2027

Families are welcome to drop off their child(ren) at the respective program start time on those days.

- Daly, Manorhaven, and Guggenheim: 2:30pm
- Sousa, South Salem, and Private Schools: 3:00pm

My Spectrum School is **CLOSED** for Staff Professional Development on:

- Monday, April 19, 2027
- Tuesday, April 20, 2027
- Wednesday, April 21, 2027

The school will also close for the school year on Friday, June 11, 2027, in preparation for our summer program.

PWUFSD Bus Transportation

PWUFSD Bus Transportation has been provided with the My Spectrum School calendar. Please continue to communicate with your child's classroom teacher to ensure that your child has the correct bus number assignment.

STEAM Workshops

My Spectrum School operates workshops during most school holiday closures. Please follow My Spectrum School on [Instagram](#) and [Eventbrite](#) to receive workshop registration notifications.

Thank you for your cooperation and partnership. We look forward to a wonderful and successful After-School year with your children.

Warmly,

My Spectrum School

MY SPECTRUM SCHOOL & CENTER

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2026-2027 CALENDAR

September 14, 2026 - June 11, 2027

TBA	Port Washington UFSD STEM Events
TBA	Port Washington Community Helpers Visits Dentist, Fire Department, Police Department Children's Event
TBA	Residents Forward Party in the Park Community Event & Family Participation
TBA	Hearts PW - PortFest Community Event & Family Participation
TBA	Port Washington Chamber of Commerce HarborFest Community Event & Family Participation
September 11, 2026	Universal PreK & PreK Playdate 10am-12pm Children's Event
September 14, 2026	First Full Day of School: All Children Regular Dismissal
September 20, 2026	Back to School Social: Families & Children 11am-12pm School Event & Family Participation
September 21, 2026	Yom Kippur School Closed
October 12, 2026	Columbus Day School Closed
October 24, 2026	STEAM Halloween Party @ Spectrum
October 30, 2026	Halloween Celebration <i>Children welcome to bring goodie bags</i> Children's Costume Dance Party @ 9am School Event & Family Participation Regular Dismissal

November 3, 2026	School Open Regular Dismissal
November 6, 2026	Diwali Celebration Regular Dismissal
November 11, 2026	Veteran's Day School Closed
November 24, 2026	Thanksgiving Celebration Food Drive <i>Children welcome to bring goodie bags</i> Regular Dismissal
November 25 - November 27, 2026	Thanksgiving Recess School Closed
December 3, 2026	Zoom Parent-Teacher Conference Family Participation 12pm Dismissal: Snack/ No Lunch No After-School
December 4, 2026	Zoom Parent-Teacher Conference Family Participation School Closed
December 18, 2026	Pajama Holiday <i>Children wear pajamas & bring a mug from home for hot chocolate.</i>
December 23, 2026	Holiday Celebration <i>Children welcome to bring goodie bags</i> Regular Dismissal
December 24, 2026 - January 1, 2027	Holiday Recess School Closed
January 18, 2027	Martin Luther King, Jr. Day School Closed
January 29, 2027	School Choice Celebration <i>Children wear yellow.</i> Regular Dismissal
February 8, 2027	Lunar New Year Celebration: Year of the Goat Regular Dismissal
February 12, 2027	Valentine's Day Celebration <i>Children welcome to bring goodie bags</i> Regular Dismissal

February 15 - February 19, 2027	Winter Recess School Closed
March 9, 2027	School Open Regular Dismissal
March 17, 2027	St. Patrick's Day Celebration Regular Dismissal
March 22, 2027	Holi Celebration Regular Dismissal
March 25, 2027	Spring Egg Hunt Celebration Regular Dismissal
March 26 - March 29, 2027	Easter Recess School Closed
April 2, 2027	Collaborative Parent-Teacher Conference Family Participation School Closed
April 19 - April 30, 2027	Passover/ Spring Recess School Closed
May 17 - May 21, 2027	World Culture Week Celebration <i>Children bring cultural artifacts</i> Regular Dismissal
May 28, 2027	School Open Regular Dismissal
May 31, 2027	Memorial Day School Closed
June 7, 2027	Picture Day Regular Dismissal
June 11, 2027	Last Day of School / Game Day 9am-10am: School Event & Family Participation Regular Dismissal
June 14, 2027	Graduation Day: All Families & Children 9:30am-12pm: School Event & Family Participation 12pm Dismissal

Dates and times are subject to change

Updated: August 22, 2026