NORTH SHORE
BEFORE/AFTER
SCHOOL CHILD CARE
Est 2003

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# REGISTRATION FORM
# 2023 - 2024 SCHOOL YEAR

In our 21st year, the Sea Cliff, Glenwood Landing, and Glen Head Elementary School Cafeterias are the sites for the Before/After School Program. A Not-for-Profit, the program is open when school is in session, ½ Days of School and Parent / Teacher Conference Days, to students **Grades K – 5** enrolled in the NS Central School District.

Our Program includes guidance /materials to complete daily homework assignments, outdoor recreation, Arts and Crafts, Board Game, Puzzle and building centers, a monthly calendar of special events and socialization with friends! Additional Enrichment Programs will be offered monthly.

Each program is open from **7:00 AM until the start of school 8:30 AM** and **from dismissal 2:40 PM until 6:00 PM**. We offer a flexible schedule: Choose from 1 to 5 days per week, mornings and /or afternoons OR on an "as needed" basis.

**Morning Session:**
$8.00 per session per student if dropped off between 7:31 – 8:15 AM
$15.25 per session per student if dropped off between 7:00-7:30 AM

**Afternoon Session:**
$15.75 per session from dismissal @ 2:40 PM – 4:00 PM
$27.50 per session per student from dismissal @ 2:40 – 4:01-6:00 PM

**Half Days of School, Parent/Teacher and Supt's Conference Days**:
$13.25 per hour per student
20% sibling discount - always

To register, please complete this entire form (one form per student enrolled), complete w/signature, and mail it along with the annual registration fee check (no sibling discount on registration fee) to the address at the top of this form or Scan/Email the forms, to NSbefore.after@gmail.com. The Registration fee can also be paid online after the forms are received. Registration Fee: **$90.00** if registered **Before** August 1. **$100 AFTER** August 1.

**REGISTER NOW – PLEASE PRINT CLEARLY!**

Student Name _____Date of Birth_____
Parent(s) / Guardian _____
Home Address _____
City _____ Zip Code _____
**EMAIL address for billing**: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ @ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Grade / Teacher / School _____/_____/_____
**Exact Start Date**: _____
**Scheduled Mornings / Afternoons**:

| | | | |
|---|---|---|---|
| Mon AM _____ | Arrival time: _____ | Mon PM _____ | from dismissal until: _____ |
| Tue AM _____ | _____ | Tue PM _____ | until: _____ |
| Wed AM _____ | _____ | Wed PM _____ | until: _____ |
| Thur AM _____ | _____ | Thur PM _____ | until: _____ |
| Fri AM _____ | _____ | Fri PM _____ | until: _____ |

**OCFS-LDSS-0792** (10/2018) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

# DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)

| Child's Full Name:<br>Preferred Name/Nickname: | Date of Birth:<br>/ / | Gender: |
|---|---|---|
| Child's Home Address: | | |
| Name of Person Enrolling Child: | Relationship to Child:<br>☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____<br>☐ Other _____ | |
| Phone Number(s) of Person Enrolling Child:<br>( ) - ☐ ok to text<br>**Email Address:** | Address of Person Enrolling Child (if different than child): | |

**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*<br>Date of Enrollment: / / | *For Program Use Only*<br>Date of Disenrollment: / / |
|---|---|

| Child's Full Name: | Date of Birth:<br>/ / |
|---|---|

**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 (list) _____

☐ Other _____

| Child's Primary Care Physician's Name/ Group: | Phone Number:<br>( ) - |
|---|---|
| Preferred Hospital: | Phone Number:<br>( ) - |
| Child's Dental Care: | Phone Number:<br>( ) - |

**Child health insurance 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:<br>/ / |
|---|---|