

North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778 - (631) 744-0207 - www.nsync.com

Mt. Sinai School District

NO REGISTRATION FEE REQUIRED FOR 5 DAY PER WEEK PROGRAM
IF SUBMITTED PRIOR TO JUNE 13, 2014

Before School Care Program

Our *Before School Child Care Programs* offer peace of mind to parents who are looking for a safe place for their elementary school children before school starts each morning. Parents may drop off their children in the morning in an environment which will stimulate the child's need to learn and will offer positive experiences that will enable the child to grow and develop. The children may participate in a variety of age appropriate activities which may include arts and crafts, story time, board games, and may be provided with opportunities for enrichment before their day begins.

After School Care Program

Our *After School Child Care Programs* offer peace of mind to parents who are looking for a safe place for their children after school. Students may participate in age appropriate activities and may be offered opportunities that will enable them to grow and develop. They will be provided with a safe place to meet friends for sports, homework help, and other recreational activities.

A snack break will be made available each afternoon. We request that you send a snack with your child. In the event your child forgets their snack one will be provided to them. We do request that you do not send glass bottles.

Days/Hours

The program will operate on all school days and will follow the school calendar. Students may arrive as early as 7:00 AM for the morning programs. The after school programs will be open from dismissal time until 6:00 PM. *It is the parents' responsibility to check with the program staff for information on hours of operation for early dismissals, delayed openings, parent/teacher conferences, etc.*

Registration Procedure and Fee

Registration is on-going and is on a first come first served basis. Applications are available on-line at www.nsync.com or you may call our office at (631) 744-0207 for a registration form. A \$35.00 non-refundable annual registration fee is required for each student.

Our monthly rates are based on a full school year and no adjustments are made for school closings either planned or unplanned, nor are adjustments made for absent days. Once a child is enrolled in the programs you must provide 30 days written notice to withdraw. If you wish to change from one scheduling option to another you must also provide written notice. Scheduling changes may only be made once during the school year.

Per Diem Rates

We do offer a per diem option for families who only need to send their child to the program occasionally. If you will be using the program on a per diem basis, please so indicate on the application form. If you are aware of what days you will need to use the program please let us know as early as possible. There are no hourly rates and discounts are not given for per diem rates. Late pick up fees will still apply to per diem parents. Payment must be made to the program staff on each day you use the program on a per diem basis.

Billing and Late Fees

Billing for the 2014-2015 school year will be via electronic mail. Every registration application must contain an accurate e-mail address for this purpose. Billing is done in advance on or about the 25th day of each month for the following month. If you do not receive an e-mail invoice you are still responsible for making your payment on time.

Any payment received after the 7th of each month will be subject to a \$10 late fee. If payment is not received in our office by the 15th of each month, your child will be suspended from the program until payment in full is made along with any late payment fees due.

Discounts

A 20% discount will be given for each additional child in the same family. The discount is available only for those attending on a full time basis (5 days per week).

Payments

Payments are due at the start of each month. Payments can be made by personal check, money order, cash, Visa or MasterCard. If paying by cash, the exact amount is required. If you pay by check and the check is returned, all future payments must be made by cash, money order, or Visa or MasterCard. Please make checks payable to North Shore Youth Council. Payment may be mailed to North Shore Youth Council, P.O. Box 1286, Rocky Point, NY 11778, or in person in our Rocky Point location on the grounds of the Joseph Edgar School. Credit card payments may be made by calling our office at (631) 744-0207. You may request that we place your account on a "recurring credit card basis" and we will charge your card automatically each month.

Late Pick Up

If your child is not picked up on time, there will be a \$15.00 late fee for every 15 minutes you are late rounded up to the nearest 15 minute interval. For instance, if you are 15 minutes late there will be a \$15.00 late fee; if you are 20 minutes late there will be a \$30.00 late fee. The late pick up fee applies to each child at a different site. Please make every effort to be on time.

Custody/Allergy

All custody and or allergy paperwork MUST be on file BEFORE your child starts the program. Please indicate all such information on the attached form.

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Child Care Programs Registration Form

Child's Name: _____

Grade in 2014-2015: _____ Birth date: _____ Age: _____

Address: _____

Town: _____ Zip: _____

Primary Contact Phone #: _____

BILLING E-MAIL: _____

Mother's Name: _____ Home phone: _____

Work phone: _____ Cell phone: _____

Father's Name: _____ Home phone: _____

Work phone: _____ Cell phone: _____

Mailing Address if different: _____

Town: _____ Zip: _____

Emergency Contact other than a parent (must provide 2 contacts)

Name 1: _____

Home phone: _____ Cell Phone: _____

Relationship to child: _____

Name 2: _____

Home phone: _____ Cell Phone: _____

Relationship to child: _____

Name of doctor: _____

Address & phone number: _____

Please note that children will ONLY be released to those individuals whom parents/guardians have listed as emergency contacts or specifically identified in writing as having permission to pick children up. Anyone picking a child up from the program, including parents/guardians, must be prepared to show photo ID and sign each child out.

- Are there any custody issues/orders of protection in place concerning your child that we should be aware of? No: _____ Yes: _____ If yes, please explain and attach copy of court order: _____

- Does your child have any limitations with regard to physical activity? No: _____ Yes: _____
If yes, please explain: _____

- Does your child have any allergies to food, medications, or other substances? No: _____ Yes: _____
If yes, please explain: _____

- Does your child need/require an epi-pen (Benadryl)? No: _____ Yes: _____
- Does your child need/require an inhaler? No: _____ Yes: _____
- Is your child currently on any regular medications? No: _____ Yes: _____ If yes, please write medication name and dosage: _____

IF YOUR CHILD NEEDS/REQUIRES BENADRYL, AN EPI-PEN OR AN INHALER, A WRITTEN MEDICAL CONSENT FORM MUST BE COMPLETED AND SUBMITTED BEFORE YOUR CHILD MAY START THE PROGRAM.

Please check the appropriate area if your child receives Special Education Services during the regular school day. Please indicate if your child is being evaluated for any special services. Notify NSYC if this status changes at any time.

_____ Academics Please explain: _____
 _____ Behavior Please explain: _____
 _____ Medical Please explain: _____

GETTING TO KNOW YOUR CHILD

Have there been any recent adjustments, school or family situations that we should be aware of? _____

Does your child have any special talents, hobbies, interests: _____

Any fears/apprehensions: _____

How does your child express anger/frustration: _____

Is there anything else that you would like us to know about your child: _____

Please attach an additional sheet if you would like to provide us with any additional information you feel would help us to better know your child.

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Child Care Programs Enrollment Agreement

- I understand that I am enrolling my child for the 2014-2015 school year.
- I understand that the program is open according to the official school calendar of the respective school district and it is my responsibility to check with the site supervisors for information on hours of operation for early dismissals, delayed openings, parent/teacher conferences, etc.
- I understand that I am responsible for payment of appropriate fees when due, and, when late, the appropriate late fees.
- I understand I must give 30 days' written notice prior to withdrawal from the program, during which time I will be responsible for payment of the appropriate fees.
- I understand that in the event of any absences during program hours, I will be responsible for fees for time reserved, not actual time spent at the program.
- I understand that if a **medical emergency** arises, the program staff will first attempt to contact me. If I cannot be reached, the staff will contact my child's doctor as listed on the emergency contact section. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.
- I understand that North Shore Youth Council staff will not administer/dispense any medication. I understand that only basic first aid will be available (washing, band-aids, ice packs).
- I agree to adhere to the stated policies and procedures of the program and give my child permission to participate fully in this program.

Photograph Permission

Occasionally we like to photograph the children in our child care programs doing various activities and sometimes we post the photos on our website, at the school site or in our offices. In order to do this, we must obtain permission from parents/guardians. Please indicate below whether or not you give permission to have your child's photo taken and used in the manner above.

YES, I give permission for North Shore Youth Council to photograph my child and use it in the manner listed above.

NO, I DO NOT give permission for North Shore Youth Council to photograph my child and use it in the manner listed above.

Signature: _____ Date: _____

Relationship to child: _____

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Child Care Programs 2014-2015 Payment Form

MONTHLY RATES

MT. SINAI ELEMENTARY BEFORE SCHOOL PROGRAM

\$166.00 [] 5 days per week \$132.80 [] 4 days per week
\$ 99.60 [] 3 days per week \$ 66.40 [] 2 days per week

You must select the days: M____T____W____Th____F____

MT. SINAI ELEMENTARY AFTER SCHOOL PROGRAM

\$249.00 [] 5 days per week \$199.20 [] 4 days per week
\$149.40 [] 3 days per week \$ 99.60 [] 2 days per week

You must select the days: M____T____W____Th____F____

Daily rates are available at the rate of \$15 per morning and \$20 per afternoon per child

Non-refundable registration fee \$ 35.00 _____

Enclosed is my payment in full in the amount of: \$ _____ Method of payment:

Cash _____ Check # _____

Visa/MasterCard # _____

Expiration date _____ Total amount to be placed on credit card: _____

I give permission to have my account on recurring credit card payment. My account will be charged on or about the first day of each month. YES [] NO []

Any payment received after the 7th of each month will be subject to a \$10 late fee. There will be a \$20 fee for returned checks.