

Nanuet Family Resource Center

In partnership with Rockland 21st Century Collaborative for Children & Youth
 50 Blauvelt Road * Nanuet, NY 10954 * Phone (845) 627-4889 * Fax: (845) 624-1534

Pre-K Before and After Care Application 2017-2018 School Year

(Please print clearly; applications that can not be read will not be processed)

Child's First Name: _____ Child's Last Name: _____

Date of Birth: ___/___/___ Age as of Sept. 2017: _____ Gender: Male Female

Original Program Start Date: ___/___/___ 2017-2018 Start Date: ___/___/___

FRC Program Site: Pre-K Program Grade 9/17: Pre-K 4 Teacher: _____

Home Address: _____

Home Phone _____ Family e-mail _____

Monthly Fees: (please check off the program you want for your child)

Chk program	Program	Time	Fee	
<input type="checkbox"/>	Early Drop Off	7:00-7:30	\$50.00 mthly	Student must be registered for the before school program in order to participate in the early drop off
<input type="checkbox"/>	Before School	7:30-9:30	\$200.00 mthly	
<input type="checkbox"/>	After School	3:00-6:00	\$300.00 mthly	
<input type="checkbox"/>	Both Before & After School	7:30-9:30 3:00-6:00	\$495.00 mthly	

These programs are available to any student registered for a FRC Pre-K program. Pre-K students must be signed up for 5 days a week. If you choose to pick up early during regular dismissal time please write a note to your child's teacher so they are aware and will have your child ready.

Fee Statement:

The billing for the Nanuet FRC SAC program is divided into 10 equal payments throughout the school year. These fees take into account the exact number of days the program will be in session according to the school's calendar. We do not pro-rate, refund or exchange for days missed for any reason. The fee is determined by the number of days a week a child is enrolled. Additional siblings signed up for the program receive 10% off their monthly fees.

Fees due at registration: Along with this registration packet you will need to a **\$50 per family annual registration fee; this fee is non-refundable. By August 1 you will need to submit the last month (June 2018) deposit for each child enrolling.** These fees will be processed on August 1, 2017. If you are signing up after August 2, 2017 you will need to also submit your first month's payment at time of registration. Registration forms **MUST** be completely filled out and returned to Nanuet FRC with payment information within a minimum of two business days prior to your child's anticipated start date. No Payments or registrations will be accepted by Site Supervisors or staff at the program sites.

Page 1 of 4
 Date _____

Parent initials _____ &

Nanuet Family Resource Center
Pre-K Before and After Care
Application/Registration
2017-2018 School Year

Payment Information:

Payment is due by the 10th of each month. We do not send tuition invoices. A reminder email will be sent out one week before your tuition is due. Checks/money orders are to be made out to **Nanuet FRC** and paid at the program or mailed to the FRC office. We do not accept cash. The annual tuition is divided into ten equal payments and remains the same each month regardless of school holidays, absences or snow days. Tuition payments received after the 10th of the month are subject to a \$25 late fee.

There will be a charge of \$40 for checks returned by the bank for insufficient funds. Families whose tuition payments fall more than two months behind may be withdrawn from the program. **My child will be enrolled upon receipt of the completed registration package and \$50 family registration fee (non-refundable unless the program is full).** The June 2018 tuition is refundable until March 31, 2018. If I withdraw or reduce my child's enrollment during the month, no tuition will be refunded for that month. If I choose to cancel the contract before the end of the school year, I understand that there is a \$100 fee for cancelation of services. Please write in the memo section of your check your child's full name, school they attend and the month the payment is for.

Parent/ Guardian Information:

Parent 1 Name _____ Cell Phone _____

Work Phone _____ Employer Name _____

E-mail _____

Address if different from child's (include city, state & zip)

Parent 2 Name _____ Cell Phone _____

Work Phone _____ Employer Name _____

E-mail _____

Address if different from child's (include city, state & zip)

Please list other household members:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

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Emergency Treatment Release:

I, _____ give permission for my child _____
to have emergency medical treatment or other treatment deemed necessary at:
Good Samaritan, Nyack or another local hospital (please specify)_____.

Emergency Transportation Release:

I, _____ give permission for my child _____
to be transported by the Nanuet FRC program to a safe location in case of an
emergency.

Emergency Contacts: you must provide at least two contacts other than
parents/guardians already listed. We will always try to contact you first.

Name _____ Cell Phone _____

Secondary Phone _____ Relationship to child _____

The above person is authorized to pick up my child: Yes ____ No ____

Name _____ Cell Phone _____

Secondary Phone _____ Relationship to child _____

The above person is authorized to pick up my child: Yes ____ No ____

Medical Information: please be as specific as possible when answering the following
questions. Doctor & Dentist information MUST be complete for entry in to the program.

Doctor: Name: _____ Phone: _____

Dentist: Name: _____ Phone: _____

Allergies: _____

Medications: _____

Does your child have an IEP? (Individual Education Plan) Yes/ No

Authorized Pick-ups: These are the people other than the parent/guardian and emergency contacts
that we will be able to release the child to with notification from parent/guardian.

Please make sure to remind each of these people to bring ID with them for pick up.

They must provide at least one.

Name: _____ Phone: _____ Relations to child: _____

Name: _____ Phone: _____ Relations to child: _____

Name: _____ Phone: _____ Relations to child: _____

Please feel free to add names in space above or attach an additional page if adding additional
Authorized Pick-ups. You may add people to this list at anytime. To do so please send
an e-mail, or written notice to you Site Supervisor.

Nanuet Family Resource Center
School Age Care
Pre-K Before and After Care
2017-2018 School Year

Policy Information: A parent handbook will be sent to you via e-mail once this registration is received. Please review it for all policy information and return the parent signature page prior to your child's start date. **Your child will not be able to start the program if the parent signature page is not signed and turned into the director.**

- **The registration fee is non-refundable.**
- There are **no credits, exchanges or pro-rations made for missed days** for any reason.
- I hereby give permission for my child to be photographed and for the photos to be used in educational and/or promotional materials that include but are not limited to the internet, produced by the Nanuet Family Resource Center. I understand that neither my child's name nor any other identifying information will appear with the photograph. Further I understand that there will be no compensation for the use of these photos.
- I understand that any changes to this contract may result in a \$25 change fee per change made, in addition to any tuition increase based on the change made.
- I understand that there is a \$100 cancellation fee for terminating this contract prior to the end of the school year and that such cancelation **MUST** be in writing a minimum of 30 days prior to cancel date requested.
- I understand that there is a \$50 re-enrollment fee should I cancel the contract and then reenroll my child during the same school year.
- I understand that there is a \$25 late fee for every 15 minutes or portion thereof that I am late for pick up. I further understand that these fees will be paid at the time of pickup. In addition I understand that if I am late on a regular basis my child may be removed from the program at the discretion of the Nanuet FRC and that I will not be entitled to any refund of fees paid.
- I understand that I must come in to the Site and sign my child out daily from the program.

I have read, understand and agree to the above terms and conditions

Print name: _____ Signature: _____ Date: _____

Print name: _____ Signature: _____ Date: _____

Please return completed application with payment to:

(forms can be mailed, e-mailed, faxed or dropped off)

Shannon Pollack, Nanuet Family Resource Center School Age Care Director

RoseAnn Mercado, Nanuet Family Resource Center Executive Director

Nanuet FRC 50 Blauvelt Road Nanuet, NY 10954

845-627-4891 or 845.627-4889

845-624-1534 fax

845-558-9630-cell spollack@nanuet.org

845-596-2720-cell rmercado@nanuet.org

_____ For Office Use Only _____

Completed application received on date: ___/___/___ By: _____

Entry date: ___/___/___ By: _____

Nanuet Family Resource Center
Pre-K Program
2017-2018
Parent Handbook Receipt

This letter acknowledges that I _____ have received, read and agree to all of the terms, conditions, policies and information provided in the Parent Handbook for the 2017-2018 school year.

- I understand that the morning program begins at 7:30am and my child(ren) can be dropped off anytime from 7:30am to 9:30am. Please note that although staff may be present before 7:00am, drop off officially does not occur until 7:30am unless you signed up for the 7:00am Early Drop Off program
- I understand that the program ends at 6:00 and my child(ren) must be picked up by that time.
- I understand all of the fees associated with late pick up, adding a day, change in attendance schedule, early termination of the contract and re-entry.
- I understand that e-mails will go to the e-mail address I provided with tuition reminders, updates, newsletters and important program information.
- I give consent for my child to participate in all program activities.
- I understand my family **MUST** be registered with the Nanuet School District's K12 Alert because this will be the method used to notify me of program cancellations due to weather or other circumstances.
- I will keep my contact information up to date with the teacher and Program Director.
- Waiver: If I am unreachable, I hereby give permission to the staff to obtain proper medical care in case of injury or illness. The student's personal insurance company is the primary company on any medical claims and I remain liable for anything not covered by insurance.
- Further, I agree not to hold the Nanuet Family Resource Center, the FRC staff, the Nanuet Union Free School District and its employees/officers or related parties liable or to make any claims against them for any injuries suffered during this program or for medical treatment authorized by them.

Child(ren)s Name: _____

Parent/ Guardian (print): _____

Parent/Guardian (signature): _____

Date: _____

Please return this form to the Nanuet Family Resource Center before your child(ren)'s first day:

Nanuet Family Resource Center
50 Blauvelt Rd.
Nanuet, NY 10954

Nanuet Family Resource Center
Pre-K Before and After Care
Late Pick Up Form

Date/Day: _____
Name of Child: _____
Name of Parent: _____
Time of Pick Up: _____
Reason for Lateness: _____
Fee for pick up: _____
Director's signature: _____

- I understand that there is a \$25 late fee for every 15 minutes or portion thereof that I am late for pick up. I further understand that these fees will be directly given to the director in cash at the time of pickup. In addition I understand that if I am late on a regular basis my child may be removed from the program at the discretion of the Nanuet FRC and that I will not be entitled to any refund of fees paid.

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Pre-K Before and After Care
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Nanuet Family Resource Center

Pre-K Before and After Care

Schedule Change Form

- The registration fee is **non-refundable**.
- There are **no** credits, exchanges or pro-rations made for missed days for any reason.
- I understand that any changes to this contract may result in a \$25 change fee per change made, in addition to any tuition increase based on the change made.
- I understand that there is a \$100 cancellation fee for terminating this contract prior to the end of the school year and such cancellation **MUST** be in writing a minimum of 30 days prior to cancel date request.
- I understand that there is a \$50 re-enrollment fee should I cancel the contact and the re-enroll my child during the same school year.

Date: _____

Name of Child: _____

Name of Parent: _____

Program Attending:

	7:00-7:30 am
	7:30-9:30 am
	3:00-6:00 pm

Tuition Paid: _____

New Schedule Request:

	7:00-7:30 am
	7:30-9:30 am
	3:00-6:00 pm

New Tuition Payment: _____

Date New Schedule Begins: _____

Permanent schedule changes will take at least 2 business days to process. Once we verify that there is space for your new schedule you will be notified via email that your child may begin the new program schedule.

Fees Charged:

\$25.00	Change of Day
\$100.00	Termination of Contract
\$50.00	Re-enrollment Fee
	Other

Parent Signature: _____

Director's Signature: _____

NANUET FAMILY RESOURCE CENTER
Pre-K Before and After Care
Program Closure Emergency Plan
2017-2018

Student's Name: _____

Grade: Pre- K Teacher: _____

Contact Information: Home Phone Number: _____

Parent 1 Name: _____ Cell Phone: _____

Work Phone; _____ Employer Name: _____

E-mail: _____

Parent 2 Name: _____ Cell Phone: _____

Work Phone; _____ Employer Name: _____

E-mail: _____

*** Every family that registers a student for Nanuet Family Resource Center Programs must be on the district's K12 Alert. This is how parents will be notified when the program is cancelled due to bad weather or other circumstances. Students will be instructed to go home in bad weather and we need to know who will pick up your child.**

Please indicate your choice below:

If the program is closed please call:

1st _____ Phone Number _____
2nd _____ Phone Number _____
3rd _____ Phone Number _____

If special instructions are required please contact your child's teacher or the FRC office.

Parent's Signature: _____

Date: _____

