

# Nanuet Family Resource Center School Age Care Application/Registration 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: Miller, Highview, Barr Grade 9/17: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Family e-mail \_\_\_\_\_

Monthly Fees: (please circle to select your child's rate plan)

| # of days<br>A week | Miller<br>Morning<br>Program<br>7:00-9:00 | Miller<br>After<br>School<br>3:15-6:15 | Miller<br>Both<br>Morn. &<br>After | Highview<br>Morning<br>Program<br>7:00-9:00 | Highview<br>After<br>School<br>3:15-6:15 | Highview<br>Both<br>Morn. &<br>After | Barr<br>After<br>School<br>2:50-6:00 |
|---------------------|---|--|------------------------------------|---|--|--------------------------------------|--------------------------------------|
| 5 days              | \$205.00                                  | \$305.00                               | \$495.00                           | \$205.00                                    | \$305.00                                 | \$495.00                             | \$305.00                             |
| 4 days              | \$175.00                                  | \$265.00                               | \$427.00                           | \$175.00                                    | \$265.00                                 | \$427.00                             | \$265.00                             |
| 3 days              | \$135.00                                  | \$215.00                               | \$338.00                           | \$135.00                                    | \$215.00                                 | \$338.00                             | \$215.00                             |
| 2 days              | \$95.00                                   | \$165.00                               | \$250.00                           | \$95.00                                     | \$165.00                                 | \$250.00                             | \$165.00                             |

**Days attending: Please circle all that apply.**

**AM: Monday Tuesday Wednesday Thursday Friday**

**PM: Monday Tuesday Wednesday Thursday Friday**

- **Rotating schedules can not be accommodated.**
- **Kindergarten students must sign up for 5 days after school.  
This schedule cannot be changed during the school year.**

**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: \$50 registration fee will be waived if all payments and completed application are turned in by July 1, 2017 for returning families only.**

Along with this registration packet you will need to a **\$50 per family annual registration fee; this fee in 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 a minimum of two business days prior to your child's anticipated start date. No Payments or registrations will be accepted by Site Leaders or staff at the program sites.

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**Payment Information:**

Payment is due by the 10<sup>th</sup> 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 10<sup>th</sup> of the month are subject to a \$25 late fine. 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, \$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. **You 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 Leader.

# Nanuet Family Resource Center School Age Care Application/Registration 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](mailto:spollack@nanuet.org)

845-596-2720-cell [rmercado@nanuet.org](mailto:rmercado@nanuet.org)

\_\_\_\_\_ For Office Use Only \_\_\_\_\_

Completed application received on date: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

Entry date: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

**Nanuet Family Resource Center  
School Age Care  
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 7:00am (Miller and Highview) and my child(ren) can be dropped off anytime from 7am to 8:30am. Please note that although staff may be present before 7:00am, drop off officially does not occur until 7:00am
- I understand that the program ends at 6:15 (Miller and Highview) 6:00(Barr) 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 SAC/MAP cancelations due to weather or other circumstances.
- I will keep my contact information up to date with the Site Supervisor 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, 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 SCHOOL AGE CARE

2017-2018

**Only required for PM SAC/MAP students**

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

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Days Attending SAC/MAP (please circle all that apply): Mon. Tues. Wed. Thurs. Fri.

**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 SAC/MAP must be on the district's K12 Alert. This is how parents will be notified when SAC/MAP is cancelled due to bad weather or other circumstances. Students will be instructed to go home on their regular dismissal bus unless you want your child to follow an alternate plan. When changes in this plan occur, please contact your child's school directly to ensure they are dismissed to the proper place.**

Please indicate your choice below:

\_\_\_\_\_ If SAC/MAP is cancelled my child is to take the bus home.

\_\_\_\_\_ If SAC/MAP is cancelled my child will be picked up.

If special instructions are required please contact your child's teacher or the front office in the school as most staff does not arrive until 3:00(Miller and Highview) and 2:45 (Barr)

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Extra Day Form**

The annual tuition is divided into ten equal payments and remains the same each month regardless of school holidays, absences or snow days. If you require an extra day please fill out this form and return it two business days prior to the extra day that is needed. Payment for the extra day is due that day and should be given to the site supervisor. Fees for an extra day are as follows: \$15 Morning program; \$20 Afternoon Program; \$30 Morning and Afternoon program completed in one day. Please write in the memo section of your check your child's full name, school they attend and the day the payment is for.

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Childs Schedule: \_\_\_\_\_

Day/Date Requested: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

### **Extra Day Form**

The annual tuition is divided into ten equal payments and remains the same each month regardless of school holidays, absences or snow days. If you require an extra day please fill out this form and return it two business days prior to the extra day that is needed. Payment for the extra day is due that day and should be given to the site supervisor. Fees for an extra day are as follows: \$15 Morning program; \$20 Afternoon Program; \$30 Morning and Afternoon program completed in one day. Please write in the memo section of your check your child's full name, school they attend and the day the payment is for.

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Childs Schedule: \_\_\_\_\_

Day/Date Requested: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

## 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: \_\_\_\_\_

Before School Program:      Miller              Highview      Barr

After School Program:      Miller              Highview      Barr

Original Days Signed Up for: Monday   Tuesday   Wednesday   Thursday   Friday

Tuition Paid: \_\_\_\_\_

New Schedule: **Monday   Tuesday   Wednesday   Thursday   Friday**

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 Change of Days  
                  \$100 Termination of contract  
                  \$50 Re-enrollment fee  
                  \$\_\_\_\_ Other

Parent Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Site Supervisor's Signature: \_\_\_\_\_

## Late Pick Up Form

Date/Day: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Time of Pick Up: \_\_\_\_\_

Reason for Lateness: \_\_\_\_\_

Fee for pick up: \_\_\_\_\_

Site Supervisor 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 site supervisor 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.

## Late Pick Up Form

Date/Day: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Time of Pick Up: \_\_\_\_\_

Reason for Lateness: \_\_\_\_\_

Fee for pick up: \_\_\_\_\_

Site Supervisor signature: \_\_\_\_\_

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