kidsmART After School Program Registration Packet
For children in grades K – 5 attending PS/MS114Q

Welcome to the kidsmART After-School Program.

kidsmART will run on a trimester schedule.

Current enrollment: **TM1 September 24 – December 21.**


kidsmART will run from dismissal time – 5:30 pm and will operate out of the school cafeteria. The program also has access to the gymnasium, auditorium, schoolyard (weather permitting) and some classrooms.

Staff members have thorough background checks before beginning employment and are CPR / First Aid certified.

kidsmART curriculum will remain as it has with a focus on visual and performing arts workshops, healthy organized physical activity, snack time, academic assistance and socialization.

Please provide your child with an additional snack to enjoy during the program. kidsmART is a **nut-free environment.**

All of the registration documents are attached. Please submit a completed packet with the $150.00 deposit by **September 14, 2018.**

Please register online or mail/drop to RAA’s administrative office at the address below.

**CHECKLIST**

- Registration Packet
- $150 tuition deposit
- A color photo of each child

If you have any questions, please contact our office at 718-474-0861 or email **kidsmart@raanyc.org.**

*This program is supported, in part by public funds from the New York City Department of Cultural Affairs in partnership with the City Council.*
CHILD INFORMATION

PLEASE FILL OUT A SEPARATE FORM FOR EACH OF YOUR CHILDREN

Please provide us with the below information so we may meet your child’s needs. **ALL INFORMATION IS KEPT CONFIDENTIAL.**

Child’s Name: ___________________________________________ Date of Birth: _______________ Age: _____

Grade: _____ Teacher’s Name: ____________________________

Please check the days that you are registering for:

☐ Monday       ☐ Tuesday       ☐ Wednesday       ☐ Thursday       ☐ Friday

Siblings who are attending the program:  1. _______________ 2. _______________ 3. _______________

Does your child have special needs?  ☐ Yes ☐ No  Does your child have an IEP?  ☐ Yes ☐ No

*If yes, please provide a description of your child’s needs and stimuli/situations to which your child responds positively/negatively (i.e. needs to rest quietly, avoid loud noises, etc.) and a copy of your child’s IEP.

____________________________________________________________________________________

____________________________________________________________________________________

Please check the following that pertain to your child. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

☐ Allergies to food (please specify) ______________________________________________________

☐ Other allergies (please specify) ________________________________________________________

☐ Asthma       ☐ Diabetes

____________________________________________________________________________________

Are there any activities your child cannot participate in?  ☐ Yes ☐ No

(if yes, please specify) ___________________________________________________________________

We want every child to have the best possible after-school experience. Please provide any additional information or concerns.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
CONTACT INFORMATION

Parent / Guardian: ________________________________________________________________

Address: ____________________________ Apt_____ City: __________________________ Zip Code: _______________

Email: ________________________________ Home Phone: ____________ Cell Phone: ______________

The following people are permitted to pick-up my child/children from kidsmART:

Please check the appropriate box for individuals who we may also contact in case of emergencies.

1. Name: _______________________________   Relation to child: ________________________________
   Home Phone: ___________________________   Cell Phone: ________________________________
   ☐ This person can be contacted in case of Emergency.

2. Name: _______________________________   Relation to child: ________________________________
   Home Phone: ___________________________   Cell Phone: ________________________________
   ☐ This person can be contacted in case of Emergency.

If your child will be picked up by someone who is not on this list, please send your child with a note.

The following person/people are NOT permitted to pick-up my child.

Name: ________________________________   Relation to Child: ________________________________
Name: ________________________________   Relation to Child: ________________________________

My child has permission to walk home alone at dismissal: ☐ Yes ☐ No

_______________________________
Consenting signature required
TERMS OF ENROLLMENT

- Registration is on a first-come, first serve basis, and only processed if complete.
- A $150.00 (per child) nonrefundable tuition deposit is due with the registration form. (This deposit will be applied to your overall balance.) Please visit rockawayartistsalliance.org/kidsmart to make tuition payment via credit card. The RAA office will calculate your remaining balance and send an invoice.
- The fee for kidsmART is $15.00 per day per child. Sibling rate: $10.00 per day per sibling when registering two or more children from the same household for the same day.
- If school closes unexpectedly due to weather or other circumstances out of our control, we cannot offer a refund.
- Children can only attend on the day they are registered for. Last minute changes, or attending on another day because they missed their day earlier in the week due to illness or another commitment cannot be accommodated.
- Do NOT send registration forms or payment to PS/MS114 or Kathy Meade.
- In order to guarantee* your children’s spots please submit a completed registration form with the $150.00 deposit by **September 14, 2018.**

*Monday and Tuesday are the most crowded days of the week. We have to put a cap on registration for these two days. If you are interested in sending your children on either of these days – and do not have any flexibility in your schedule to choose other days – do your best to get your completed paperwork and deposit in ASAP. We cannot make a 100% guarantee for reservations on these days.
CONSENT

• I give authority to the Program Director to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.

☐ Yes, I give my permission ☐ No, you do not have my permission

• I understand that my child may be photographed, interviewed or otherwise recorded during program activities. These images / recordings may be used by RAA solely for non-profit, non-commercial purposes of the program.

☐ Yes, I give my permission ☐ No, you do not have my permission

_______________________________ Parent / Guardian Signature  _______________________________ Date

WAIVER

• I give my child/children permission to participate in Rockaway Artists Alliance’s (RAA) kidsmART after-school Program. In participating in this program, I hereby release and discharge RAA and all cooperating organizations from all claims of damages, demands, actions and causes of actions whatsoever in any manner arising or growing out of my participation or that of my child in this program.

_______________________________ Parent / Guardian Signature  _______________________________ Date

PAYMENT POLICY

• Once the registration is final, payment for scheduled days must be made even if he/she does not attend due to illness, schedule conflict, etc.

• If I do not make timely payments, my children may not be permitted to continue in the program. If I need to cancel my child’s registration at any point, I understand cancelation will not go into effect until I contact the RAA office. Once cancellation is effective, I will not be charged for the days I removed from my registration except for nonrefundable deposit.

_______________________________ Parent / Guardian Signature  _______________________________ Date
PROGRAM RULES AND REGULATIONS

Please read the below with your child/children and sign and return to RAA.

FOR THE KIDS...

1. We will follow directions and safety rules.
2. We will listen to Instructors and respect our peers.
3. We will be kind and report any incidences of name calling, hitting or bullying to Instructors.
4. We are a cell phone-free environment. We will not access our phones during the day. If we bring our cell phones, we understand that Instructors may take them for safekeeping and my phone will be returned at dismissal.
5. We will leave our electronic gaming devices at home.
6. We will be good sports.
7. We will be creative.
8. We will stay with our groups or the activity we chose.

FOR THE PARENTS...

1. kidsmART is a cell phone-free environment. If my child brings a cell phone to after-school, we understand that Instructors may take them for safekeeping and my child's phone will be returned at dismissal.
2. We will pick up our children at or before 5:30 pm.
3. We understand arriving late for pick-up will result in a charge of $25.00 beginning at 5:35 pm.

The goal of kidsmART is to inspire children and offer them the opportunity to come together, form new friendships, and create unique works of art. It is for this reason that we hold sacred The kidsmART Principles: kindness, imagination, dependability, sensitivity, motivation, acceptance, respect, and tolerance. Bullying, defiance or ignoring safety rules will not be tolerated. Parents will be notified of such instances. If need be a child will not be permitted to continue in the program.

KidsmART’s Program Director, Artistic Instructors and Teen Assistants are on staff to ensure a safe, enjoyable and enriching experience for all participants. Any concerns, compliments or complaints should be brought to the attention of the Program Director or e-mailed to kidsmART@raanyc.org. We welcome feedback from all participants and their families.

The kidsmART Program abides by the rules of conduct of PS/MS114Q.

My children and I have received and read the PROGRAM RULES AND REGULATIONS and agree that we will abide by these rules and regulations while they participate in Rockaway Artists Alliance’s kidsmART program. RAA reserves the right to terminate a child’s enrollment at any time if the above rules & regulations are violated. Parent & child/children must sign.

_________________________________________  ________________________
Parent / Guardian’s Signature            Date

_________________  ________________________  ________________________
First Child’s Signature          Second Child’s Signature          Third Child’s Signature