

North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778 - Phone: (631) 744-0207 – Fax: (631) 744-3565 - www.nsync.com

ROCKY POINT

Before School Care Program

Our *Before School Child Care Programs* accommodate families who need a safe place for their children before school starts each morning. We do our best to provide a stimulating environment with daily opportunities for enrichment before the day begins. Children can participate in the variety of age appropriate activities we offer, including arts and crafts, board games, reading time, socializing, and special events.

After School Care Program

Our *After School Child Care Programs* offer peace of mind to parents and guardians who are looking for safe child care beyond the school bell. Children will have the opportunity to engage in a wide variety of age appropriate enrichment activities to support their growth and development. After school programs include socialization, homework help, board games, recreational play, reading time, arts and crafts, creative workshops, and special events.

A snack break will be made available each afternoon. We request that you send in a snack and drink with your child. We 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 6:45AM for the morning programs. The after school programs will be open from dismissal time at the respective school until 6:00PM. You must pick up your child no later than 6:00PM or there will be a late pick up fee. Late pick up fees must be paid on site and apply to all program participants, including those on scholarship and DSS. You must also call the site in case of any emergencies. *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 year-round. Applications are available on-line at www.nsync.com or you may call our office at (631) 744-0207 for a registration form. A \$40.00 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 provide written notice to the site director. You must also email or call the office for billing adjustment purposes.

You are entitled to one schedule change per year. There will be a \$10.00 fee for each additional change. *It is also imperative to let your child's teacher know of any changes to their schedule so that they are not sent home on the bus if they are expected at the program that day.*

Per Diem Rates

We 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 indicate this 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. The fees per day, per child are \$15.00 for morning programs and \$20.00 for afternoon programs.

Discounts

A 20% discount will be given for each additional child in the same family. The discount will be taken off the lower priced program and is ONLY AVAILABLE FOR THOSE ATTENDING ON A FULL TIME BASIS (5 DAYS PER WEEK).

Billing and Late Fees

Billing for the school year will be via electronic mail. Every registration application must contain an accurate email 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 EMAIL INVOICE YOU ARE STILL RESPONSIBLE FOR MAKING YOUR PAYMENT ON TIME, SO IT IS NECESSARY TO CALL THE OFFICE IF YOU DO NOT RECEIVE AN EMAIL STATEMENT. IF YOUR CHILD IS ATTENDING THE PROGRAM, YOUR FEE IS DUE!

Any payment received after the 7th of each month will be subject to a \$15.00 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 that are due.

Payments

Payments are due at the start of each month. Payments can be made by personal check, money order, cash, Visa, MasterCard, AMEX, or Discover. If paying by cash, the exact amount is required. Any returned checks will be charged a \$20.00 bank fee and all future payments must be made by cash or money order. Please make checks payable to North Shore Youth Council. Payment can be mailed to North Shore Youth Council, P.O. Box 1286, Rocky Point, NY 11778, or in person at our office on the grounds of the Joseph A. Edgar School in Rocky Point. Credit card payments can be made by paying through the link attached to our online statement or 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 on or about the 1st of the 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 their respective site. Please make every effort to be on time; if you are going to be late, you must call the site to let them know!

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 2019-2020: _____ 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 2019-2020 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 that if my account is 60 days past due, my child will be automatically suspended from the program and will not be allowed to attend until full payment is received. There will be a \$25.00 suspension fee added to the account in addition to a late fee of \$15.00 per month.
- 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: _____



Participant Waiver Form

Participant/Parent/Guardian Release

_____ has my permission to participate in all activities offered. If attempts to contact me at the above listed phone #'s are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical Doctor or Dentist, and the prompt attention/treatment in an emergency. I authorize the North Shore Youth Council to take all necessary steps to insure my child's health & safety in case of an emergency and to administer any needed medications. In case of accident or injury I will not hold the North Shore Youth Council, or its employees or volunteers responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at the program, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

SIGNATURE: _____ DATE: _____
(parent or legal guardian)

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