Town of Southeast Recreation Department

# Before & After School Childcare Program

## Before Care

Located at Lakeview Manor
215 Shore Drive, Brewster

$15/day
Hours- 7am- 9am
*Students will be bussed to JFK and CVS schools

## After Care

Located at JFK Elementary

$20/day
Hours- 3:30pm- 6:30pm
*CVS students are bussed to JFK

**Activities include: Supervised Homework Time, Arts/Crafts, Outdoor Play, Games**

## Registration

**Town of Southeast Recreation Office**
**1 Main Street, Brewster, NY 10509**
**845-279-3915**
**recreation@southeast-ny.gov**
**www.southeast-ny.gov**

***Due to Covid-19 ALL STUDENTS will be required to wear a mask and follow safety guidelines.***

# BEFORE & AFTER CHILDCARE REGISTRATION FORM

NAME: Student_____MALE:_____FEMALE:_____

ADRESS:_____

CITY:_____STATE:_____ZIP:_____

GRADE:_____SCHOOL:_____TEACHER:_____

AGE:_____D.O.B.:_____

PARENT/GUARDIAN'S NAME: _____

PHONE#:_____WORK#:_____CELL#:_____

EMERGENCY CONTACT:_____PHONE #:_____

PHYSICIAN NAME:_____PHONE #:_____

PREFERRED HOSPITAL:_____

PLEASE CHECK OFF DAYS ATTENDING: COHORT: _____

| | | | | | |
|---|---|---|---|---|---|
| AM: | MON. | TUES. | WED. | THURS. | FRI. |
| PM: | MON. | TUES. | WED. | THURS. | FRI. |

IMPORTANT INFORMATION (HANDICAPS< ALLERGIES< CUSTODY ISSUES, ETC.):

_____

_____

_____

LIST OF PEOPLE W HO HAVE PERMISSION TO PICK UP MY CHILD:

_____

_____

E-MAIL ADDRESS: PLEASE PRINT: _____

_____has my permission to participate in the Before & After Childcare program. I assume all risks and hazards incidental to such participation . I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and instructors for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child's participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE:_____ Date:_____

Mail or drop off at: Town of Southeast Recreation Department
1 Main Street / Brewster, New York 10509

phone (845) 279-3915 fax (845) 279-3137
E-mail: recreation@southeast-ny.gov website: www.southeast-ny.gov

Town of Southeast Recreation Department

# Before & After School Childcare Program

Procedures and Policies

## Tuition:

* All payments will be made to the Town of Southeast Recreation Department.

* A two-week ***non-refundable*** registration deposit is required. This deposit will be applied to your June's tuition payment. If you leave the program before the end of June you forfeit this registration deposit. If school is cancelled a full refund will be made.

* Tuition payments - A credit card number may be provided to the Town of Southeast. Your account will be charged at the end of each month for the days attended. Please note: **All programs beginning September 1, 2017 will be subject to a 2% transaction processing fee for all credit card payments**. Payments will be done on a monthly basis ONLY. If you choose to self-pay your check must be received by the Town of Southeast by the first day of the month that your child is attending.

* Your child may not attend the program if your tuition is not paid. He or she may return when payment is up to date.

* You are responsible for payment of all scheduled days (when the program is open) regardless of your child's attendance. Missed days may not be made up on unscheduled days.

* Scheduled days must remain **consistent** due to State mandated ratios. If you need to add a specific date occasionally due to an extenuating circumstance, you may do so **if there is space**. You must call the Recreation Office 24 hours prior to see if your child can be accommodated that day.

* There are no sibling discount.

## Policy and Procedures

The Before and After school program operates only when school is open. **If there is a school delayed opening the before school program (AM) is cancelled that day. If school is dismissed early (either planned or unplanned) or if all District after school activities are cancelled the after school program (PM) is cancelled.** In this case your child will use their emergency dismissal plan set up by the District. You will get an e-mail from the Recreation Department as soon as we become aware of an issue.

AM children will attend before care at Lakeview Manor located at 215 Shore Drive Brewster, NY. Doors will open at 7:00 am.

PM children must be signed out at front desk by you or a previously designated adult when picked up. IDENITIFICATION IS REQUIRED FOR PICK UP!!

*** Pick-up from the after school program must be made PROMPTLY BY 6:30 PM. You must have at least two emergency contacts you can call to pick up your child in the event you are delayed for ANY reason. Late pickups will result in additional fees of $5.00 cash for every 15 minutes late starting at the beginning of each 15 minute increment and possible dismissal from the program.

*** Recurrent behavioral issues will result in dismissal from the program

*** You are responsible to call and let us know if your child will be absent from the Before and After School program. You may call the program number at JFK 279-2087 ext.4120 and leave a message before 3:15 pm that day.

*** Please inform us of any allergies or medical issues your child might have. We do not have access to ANY medical information you may have already provided to the school.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THIS CONTRACT.

_____Parent/Guardian Signature Date _____

_____Program Signature Date _____

Registration Deposit: Amount Received: _ Cash __ Check___ Date___

Credit card payments will be charged at the end of each month. We do not accept American Express.

**All programs beginning September 1, 2017 will be subject to a 2% transaction processing fee for credit card payments.** initial here_____ Date_____

Credit card type and number: _____

Expiration Date:_____ Security Code:_____

_____Signature

OCFS-LDSS-0792 (1/2005) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

# DAY CARE REGISTRATION

**PHOTO OF CHILD (Optional)**

Child's Full Name:

Does your child have any allergies? ☐ Yes ☐ No

If Yes, what is your child allergic to?

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

| | |
|---|---|
| Child's Source of Medical Care/Primary Care Physician's Name: | Telephone Number: |
| Child's Source of Dental Care/Dentist's Name: | Telephone Number: |
| Name Of Medical Care Facility/Hospital: | Telephone Number: |

Would you like information on Child Health Plus? ☐ Yes ☐ No

**EMERGENCY DATA**

| RELATIONSHIP | CONTACT NAME | TELEPHONE NUMBER DURING CHILD CARE | OTHER TELEPHONE NUMBER (Check type) |
|---|---|---|---|
| | | | ☐ Pager ☐ Cell ☐ Other |
| | | | ☐ Pager ☐ Cell ☐ Other |
| | | | ☐ Pager ☐ Cell ☐ Other |
| | | | ☐ Pager ☐ Cell ☐ Other |

Reviewed 2/2013

Provider/Day Care Facility Name and Address:

CHILD'S FULL NAME: SEX: ☐ Male ☐ Female

CHILD'S HOME ADDRESS: DATE OF BIRTH:

HOME TELEPHONE NUMBER:

DATE OF ACCEPTANCE: DATE OF DISCHARGE:

NAME OF PERSON APPLYING FOR CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative ☐ Other ____

HOME TELEPHONE NUMBER:

DAYTIME TELEPHONE NUMBER:

ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):

**AGREEMENTS**

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. ☐ Yes ☐ No

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. ☐ Yes ☐ No

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. ☐ Yes ☐ No

I agree to review and update this information whenever a change occurs and at least once every six months. ☐ Yes ☐ No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE DATE:

BREWSTER CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
40 FARM TO MARKET ROAD, BREWSTER, NY 10509
TELEPHONE 845-279-4700 FAX 845-279-3458
ALTERNATETRANSPORTATION@BREWSTERSCHOOLS.ORG

**Laurie Bandlow, Ed. D.**
Superintendent of Schools

**Victor Karlsson, CPA**
Assistant Superintendent
for Finance & Operations

**Mary E. Smith**
Supervisor of Transportation

# ALTERNATE TRANSPORTATION FORM

*Please note, this form is to be submitted to **Alternatetransportation@brewsterschools.org**

**EVERYONE MUST FILL OUT SECTION "A", THEN ONE OR MORE OF "B," "C," "D," OR "E" BELOW**

☐ **SECTION A:** Please print student information below for each selection: Today's Date:_____

Student's Last Name:_____ First Name:_____ MI:_____

Parent/Guardian Last Name:_____ First Name:_____ Home #:_____

Street Address:_____ Cell #:_____

Home Bus Stop:_____

School of Attendance:_____ Grade:_____

Parent Signature:_____

☐ **SECTION B FOR A DAYCARE SELECTION: (K-8 ONLY)** Requested Date of change:_____

Section 3635 of the New York State Education Law requires that parents who have students in grades K-8, who wish to have their child transported to or from a babysitter or child care facility, must present this request in writing to the Board of Education. All child transportation requests must be submitted **annually** in writing and approved by the Supervisor of Transportation. Changes may not be made on a daily basis. The district will accommodate such requests in accordance with the law. **ALLOW 10 DAYS FOR PROCESSING.**

Name of Day Care:_____ Address :_____ PHONE:_____

***This Change is for (circle):*** **Route: AM / M T W TH F** ***This Change is for (circle):*** **Route: PM / M T W TH F**

☐ **SECTION C FOR UNPLANNED EARLY DISMISSAL STOP ONLY (J.F.K., C.V. Starr, and Wells M.S. ONLY)**

**STOP LOCATION:**_____

*Optional FERPA Release*

*In the event of an emergency, if I am unable to be contacted, I authorize the Brewster CSD to contact the Daycare provider with information concerning the safety and well being of my child. I understand that I am authorizing the release of confidential information to the Daycare provider, that by signing the release I am acknowledging my rights under FERPA and consenting to the release of information otherwise protected under FERPA to the Daycare provider and will waive an claims that I might have under FERPA or any other statute for such of information.*

Parent/Guardian Signature:_____ Date:_____

☐ **SECTION D FOR WORK PASS SELECTION: THIS INFORMATION MUST BE SUBMITTED TO BHS ADMINISTRATRATION FIRST**

WORK NAME:_____ WORK PHONE#_____

WORK ADDRESS:_____

☐ **SECTION E FOR CUSTODIAL ADDRESS SELECTION INFORMATION ONLY**

PARENT LAST NAME:_____ FIRST:_____ CELL#_____

PARENT ADDRESS:_____ HOME#_____

FOR BHS OFFICE: ADMINISTRATOR APPROVAL :_____DATE:_____

***TRANSPORTATION OFFICE USE ONLY*** AM Route:_____ Pickup Time:_____ PM:_____ Assigned Stop:_____

This change will be made effective on:_____

The above request is granted _____ Date: _____

*Supervisor of Transportation*