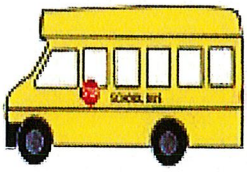
Town of Southeast Recreation Department

Before & After School Childcare Program

Before Care

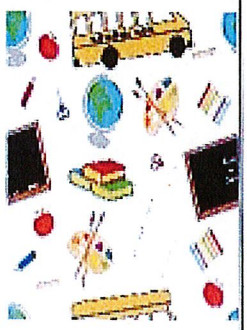
Located at JFK Elementary



$15/day
Hours- 7am- 9am
*Grades 3-5 will be bussed to CV Starr

After Care

Located at JFK Elementary



$20/day
Hours- 3:30pm- 6:30pm
*CV Starr students will be 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

BEFORE & AFTER CHILDCARE REGISTRATION FORM

NAME: Student_____MALE:_____FEMALE:_____

ADRESS:_____

CITY:_____STATE:_____ZIP:_____

GRADE:_____SCHOOL:_____TEACHER:_____

AGE:_____D.O.B.:_____

PARENT/GUARDIAN'SNAME: _____

PHONE#:_____WORK#:_____CELL#:_____

EMERGENCY CONTACT:_____PHONE #:_____

PHYSICIAN NAME:_____PHONE #:_____

PREFERRED HOSPITAL:_____

PLEASE CHECK OFF DAYS ATTENDING:

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
E-mail: recreation@southeast-ny.gov website: www.southeast-ny.gov

*** 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: AmountReceived: _ 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

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.

* 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 the John F. Kennedy Elementary School. 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!!

OCFS-LDSS-0792 (10/2018) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)

Child's Full Name: Preferred Name/Nickname:	Date of Birth: / /	Gender:
Child's Home Address:		
Name of Person Enrolling Child:	Relationship to Child: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____ ☐ Other _____	
Phone Number(s) of Person Enrolling Child: ( ) - ☐ ok to text **Email Address:**	Address of Person Enrolling Child (if different than child):	

EMERGENCY INFO

EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
Primary Contact:	☐ Yes ☐ No	☐ ok to text	☐ ok to text
	☐ Yes ☐ No	☐ ok to text	☐ ok to text
	☐ Yes ☐ No	☐ ok to text	☐ ok to text

For Program Use Only Date of Enrollment: / /	*For Program Use Only* Date of Disenrollment: / /

OCFS-LDSS-0792 (10/2018) REVERSE

Child's Full Name:	Date of Birth: / /

Check boxes below to indicate if your child has any special needs/services: ☐ None

☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy

☐ Allergies (list) _____

☐ Other _____

Please provide information here **AND** discuss with your child care provider:

Child's Primary Care Physician's Name/ Group:	Phone Number: ( ) -
Preferred Hospital:	Phone Number: ( ) -
Child's Dental Care:	Phone Number: ( ) -

Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/

AGREEMENTS

- I consent to emergency medical treatment for my child..... ☐ Yes ☐ No
- I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... ☐ Yes ☐ No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... ☐ Yes ☐ No
- I provided information on my child's special needs to the program to assist in caring for my child..... ☐ Yes ☐ No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... ☐ Yes ☐ No
- I agree to review and update this information whenever a change occurs and at least once every year..... ☐ Yes ☐ No

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

Town of Southeast Recreation Department

Before & After School

Childcare Program

Allergy & Anaphylaxis Policy

Anaphylaxis Prevention

- Upon enrollment and whenever there are changes, parents/guardians will be required to provide the program with current information regarding any medical conditions that their child may have, including allergies. If there are any allergies that require the potential use of emergency medications, parents/guardians will work with the program director to have all documentation completed. These documents will guide all staff in the necessary actions to take during an allergic or anaphylactic reaction. All medical documentation and emergency medications will be kept in a designated file cabinet in an area known to all staff members. Any medical needs, including allergies, will also be kept on a list located on the back of each classroom's clipboard. This will allow staff for easy access to pertinent information.

Documents

- Any child with a known allergy will have the following documents on file with the program:
  - NYS OCFS form 7006- Individual Health Care Plan for a Child with Special Healthcare Needs
  - NYS OCFS form 6029- Individual Allergy and Anaphylaxis Emergency Plan
  - NYS OCFS form 7002- Medication Consent Form

*These forms will be completed by the child's parents in conjunction with the program and the child's physician's orders. In the event of an

anaphylactic reaction, staff will immediately dial 911 and follow the instructions outlined within the documents provided.

Staff Training

- All staff members will be trained in the prevention, recognition and response to food and other allergic reactions, including anaphylaxis, upon hire and every year thereafter. In addition, at least one staff member (from each shift) will complete the NYS training on allergies and anaphylaxis. A minimum of one staff member (from each shift) will also maintain certifications in CPR & First Aid. If a child with an allergy requires the administration of an Epi-pen or other emergency medication, the parents will be required to train any staff member caring for their child on the administration of the prescribed medication.

Strategies to Reduce the Risk of Exposure to Allergic Reactions

- Known allergens will be posted on each classroom's clipboard. This will allow for easy access to any possible allergens to avoid (including seasonal).

Communication

- All staff will be made aware of any children with known allergies upon enrollment. This will also include any medications for allergic/anaphylactic reactions. Confidential information will be kept between staff and caregivers.

Annual Notification to Families

- All families will be given a copy of this policy upon enrollment. Parents/Caregivers will sign a release form saying that they have received this information, as well as an agreement that they will update the information annually, or if any changes occur.

Signature: _____ Date: _____

Print Name: _____

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

ALTERNATE TRANSPORTATION FORM

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:_____ Parent Email:_____

☐ **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