

Healthy Kids Extended Day Program

The Largest After School Provider in the Hudson Valley

2017-2018 Registration packet for programs in the Highland Falls, Newburgh, Tuxedo, Valley Central & Washingtonville School Districts.

Admin offices: 565 Union Avenue New Windsor, NY 12553 www.HealthyKidsProgram.org

Welcome to the Healthy Kids Extended Day Program. We understand that child care is one of your most important decisions and we're glad that you have chosen the Healthy Kids Program to meet your childcare needs.



The Healthy Kids Before/After School program is one of the largest, most experienced and highest quality providers of extended day child care in New York with programs in dozens of elementary schools in Brooklyn, Dutchess, Orange, Sullivan, Ulster and Westchester counties. Our directors and staff are highly skilled, background-checked and credentialed. NYS Office of Children and Family Services licenses and oversees our programs. We gladly accept DSS and ACS.

We're here to help you in any way. If you need any information or have any questions, just e-mail us or call us. Here is our team:

- Melissa Flores, Regional Director at Melissa@HealthyKidsProgram.org or call (845) 568-6100 ext 1005 or (845) 249-2632
- RaeAnne Nocera, Executive Director at RaeAnne@HealthyKidsProgram.org or call (845) 568-6100 ext 1004 or (845) 247-5572
- Jeanne Martin is the Registration Director & DSS Specialist, e-mail Jeanne@HealthyKidsProgram.org or call (845) 568-6100 ext 1002

Sincerely yours,

The Healthy Kids Extended Day Program Team

P.S. Register any time before July 15, 2017 and pay nothing until September tuition is debited from your account on August 18th.

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This application is for the programs at the following locations:

ORANGE COUNTYPROGRAMS		
HIGHLAND CENTRAL SCHOOL DISTRICT		
Fort Montgomery Elementary School	Drop off 6:30am or 7:00 am	Pick up by 6:00pm
NEWBURGH ENLARGED SCHOOL DISTRICT		
Gardnertown Elementary School	Drop off as early as 7am	See programming at Union Ave
Union Ave. Community Fitness Center, 565 Union Avenue, New Windsor	Drop off as early as 6am	Pick up 6:00pm, 7:00pm or 8:00pm
<small>* For before school care for any school in the Newburgh Enlarged School District you can drop your child off at the before school program as early as 6:15am at the Union Avenue Community Fitness Center and we'll put them on the bus. ** For after school care for any school in the Newburgh Enlarged School District your children can be bused to the after school program at the Union Avenue Community Fitness Center and you can pick them up there as late as 8PM</small>		
TUXEDO UNION FREE SCHOOL DISTRICT		
George Grant Mason Elementary School	Drop off 6:30am or 7:00am	Pick up by 6:00 pm
VALLEY CENTRALSCHOOL DISTRICT		
East Coldenham Elementary School	Drop off 6:30am or 7:00am	Pick up by 6:00 pm
WASHINGTONVILLE SCHOOLS DISTRICT		
Little Britain Road Elementary School	Drop off 6:30am or 7:00am	Pick up by 6:00 pm

For a complete Listing of Schools that host our before/after school program please go to:

www.Healthykidsprogram.org

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BEFORE SCHOOL FEES

- **Drop off as early as 6:30am**, available at the following locations:
 - Orange County
 - Valley Central School District: East Coldenham
 - Washingtonville: Little Britain Road
 - Highland Falls-Fort Montgomery: Fort Montgomery Elementary
 - Tuxedo Union Free School: George Grant Mason
 - Newburgh School District: Union Avenue

6:30am Early Drop off	6:30am early drop off fees (Siblings save 10%)	6:30am early drop off fees for families qualifying for reduced lunch	6:30am early drop off fees for families qualifying for free lunch
5 days/week	\$250/month	\$210/month	\$160/month
4 days/week	\$235/month	\$195/month	\$140/month
3 days/week	\$215/month	\$185/month	\$130/month
2 days/week	\$195/month	\$165/month	\$115/month
1 day/week	\$175/month	\$140/month	\$100/month

- **Drop off as early as 7:00 am** available at the following locations:
 - Orange County
 - Valley Central School District: East Coldenham
 - Washingtonville: Little Britain Road
 - Highland Falls-Fort Montgomery: Fort Montgomery Elementary
 - Newburgh School District: Gardnertown & Union Avenue
 - Tuxedo Union Free School: George Grant Mason

7:00am Early Drop off	7:00am early drop off fees (Siblings save 10%)	7am early drop off fees for families qualifying for reduced lunch	7am early drop off fees for families qualifying for free lunch
5 days/week	\$210/month	\$180/month	\$130/month
4 days/week	\$195/month	\$165/month	\$115/month
3 days/week	\$180/month	\$150/month	\$100/month
2 days/week	\$160/month	\$125/month	\$90/month
1 days/week	\$135/month	\$110/month	\$70/month

*Pay your entire before/after school tuition in full by July 15, 2017 and **take 10% off your total** tuition PLUS pay no registration fee. Pay in full after July 15, 2017 and take 10% off your total tuition and pay a \$50 registration fee.*

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AFTER SCHOOL FEES

Save 10%
if you pay
in full.

Pick up as late as 6pm, available at the following locations:

- o Orange County:
 - Highland Falls-Fort Montgomery: Fort Montgomery
 - Valley Central: East Coldenham
 - Washingtonville: Little Britain Road
 - Newburgh: Union Avenue
 - Tuxedo Union Free School: George Grant Mason

6:00pm Late Pick Up	6:00pm late pick up fees (Siblings save 10%)	6:00pm late pick up fees for families qualifying for reduced lunch	6:00pm late pick up fees Fees for families qualifying for free lunch
5 days/week	\$315/month	\$270/month	\$200/month
4 days/week	\$285/month	\$250/month	\$185/month
3 days/week	\$265/month	\$230/month	\$170/month
2 days/week	\$235/month	\$200/month	\$150/month
1 day/week	\$200/month	\$175/month	\$120/month

*Pay your entire before/after school tuition in full by July 15, 2017 and **take 10% off your total** tuition PLUS pay no registration fee. Pay in full after July 15, 2017 and take 10% off your total tuition and pay a \$50 registration fee.*

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BEFORE & AFTER SCHOOL EXTENDED HOURS FEES (Union Avenue Fitness Center ONLY)

	6:00 am early drop off fees	6:00 early drop off fees for families qualifying for reduced lunch	6:00 drop off fees for families qualifying for free lunch
5 days/week	\$310/month	\$245/month	\$185/month
4 days/week	\$285/month	\$230/month	\$170/month
3 days/week	\$265/month	\$215/month	\$160/month
2 days/week	\$230/month	\$195/month	\$140/month
1 day/week	\$195/month	\$175/month	\$125/month

	7:00pm pick up fees	7:00pm pick up fees for families qualifying for reduced lunch	7:00pm pick up fees for families qualifying for free lunch
5 days/week	\$395/month	\$335/month	\$235/month
4 days/week	\$365/month	\$315/month	\$215/month
3 days/week	\$330/month	\$295/month	\$200/month
2 days/week	\$295/month	\$265/month	\$180/month
1 day/week	\$260/month	\$240/month	\$155/month

	8:00pm pick up fees	8:00pm pick up fees for families qualifying for reduced lunch	8:00pm pick up fees for families qualifying for free lunch
5 days/week	\$450/month	\$400/month	\$285/month
4 days/week	\$410/month	\$375/month	\$270/month
3 days/week	\$400/month	\$350/month	\$260/month
2 days/week	\$315/month	\$320/month	\$235/month
1 day/week	\$270/month	\$295/month	\$205/month

*Pay your entire before/after school tuition in full by July 15, 2017 and **take 10% off your total** tuition PLUS pay no registration fee. Pay in full after July 15, 2017 and take 10% off your total tuition and pay a \$50 registration fee.*

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TUITION AND PAYMENT INFORMATION

- 1) Healthy Kids Extended Day Programs offers 1, 2, 3, 4 and 5 day a week options.
- 2) Only children registered in elementary school or a pre-k program are eligible to participate in the Healthy Kids Extended Day Program.
- 3) If your school district makes the decision to dismiss school early (early dismissal) due to snow or other unscheduled event, the Healthy Kids After School program will be cancelled. If your school district has a delayed opening, the Healthy Kids Before School program is cancelled.
- 4) Please note there are no refunds or credits given for days not attended, or for cancelled enrollment without proper notification.
- 5) The fees are collected every month. The monthly fees are averaged out for 180 scheduled school days. Consequently, the monthly rate is the SAME whether there are 18 school days in the upcoming month or a different number.
- 6) Attendance is specific to days of enrollment. There is no "switching days" or "making up days" due to a holiday, school cancellation, illness, or parent work schedule.
- 7) For all programs there is an annual registration fee:
 - ➔ If you enroll in the program by July 15, 2017, the registration fee is waived; it is \$50/child if you enroll after July 15, 2017; it is \$75/child if you enroll after September 1, 2017.
 - ➔ There is a \$150/family cap on registration fees, regardless of the number of children.
- 8) Discounts:
 - ➔ Take a 10% off **REGULAR** rates for enrolling in any two programs including before school, after school.
 - ➔ Sibling discount: first child pays regular rates, all siblings get take 10 % off **regular** rates.
 - ➔ **No discounts off of reduced rates**
 - ➔ Pre-payment plan: save 10%. Pay your entire before/after school tuition in full by July 15, 2017 and take 10% off your total tuition plus pay no registration fee. Pay in full after July 15, 2017 save 10% off your total tuition but pay a \$50 registration fee.
- 9) Automatic payments.
 - ➔ Fees shown are for automatic withdrawal from a checking account. A \$15/payment surcharge is added for automatic payment with a credit card.
 - ➔ Fees are deducted monthly prior to the month's start. Student cannot attend program without payment. Fees will be pro-rated to reflect actual start date
- 10) Fees are collected every month prior to attendance and on the following dates: 8/18, 9/18, 10/18, 11/20, 12/18, 1/18, 2/20, 3/19, 4/18, 5/18.
- 11) Checks/debits that are returned are charged a \$30 fee per occurrence.
- 12) There are reduced fees for families qualifying for free or reduced lunch. Please include a copy of the free/reduced lunch letter from your district's Food Service Office with this packet.
- 13) If you have any automatic payment plan questions, e-mail Jeanne@HealthyKidsProgram.org
- 14) We gladly accept DSS. Please contact Jeanne for more information.

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GENERAL INFORMATION FOR PARENTS

- Healthy Kids Extended Day Programs offers 1, 2, 3, 4 and 5 day a week options.
- There are reduced fees for families qualifying for free or reduced lunch; proof is required to receive the reduced rate.
- Children eligible to participate in the Healthy Kids Extended Day Program must be registered in elementary school or a pre-k program.
- Prior to beginning any Healthy Kids Program, all children are *required* to have a complete application on file including their medical history.
- If your child requires an epi-pen or an inhaler, you must fill out an Individual Health Care Plan for your child, and provide the program with the necessary medication for your child so we may assist in administering the medication if needed during program hours. This **must** be provided before your child starts the program.
- The program follows the schools district calendar.
- Healthy Kids is unable to provide supervision of students whose personal needs are greater than regulated staffing ratios allow.
- The Healthy Kids Extended Day Program operates under a license from the NYS OCFS which oversees and regulates childcare programs. Among the requirements of the license is a full background check of all staff (including fingerprinting).
- All parents/guardians must follow proper sign in and sign out procedures. We cannot overstate how important this is. If child (ren) is leaving with an approved person but someone other than their parent/guardian, photo identification must be presented.
- Children cannot attend program if they have a fever or contagious illness.
- Parents will be notified, and children must be picked up in the event of illness.
- Children must stay with group/leader at all times.
- Appropriate attire must be worn at all times. Please label all children's items.
- Healthy snack time will be provided daily for after school children, parents please send your child to program with a snack daily.
- Please leave all electronic devices at home. The only exception is cell phones which are to remain in the child's book-bags and are only to be used for emergency communication with parent/guardian.
- Please note there are no refunds or credits given for days not attended, or for cancelled enrollment without proper notification.
- Attendance is specific to days of enrollment. There is no "switching days" or "making up days" due to a holiday, school cancellation, illness, or parent work schedule.

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We ask all parents to go over this code of conduct with enrolled children. We place a high importance on all students treating others in a positive, respectful way. We follow a progressive discipline philosophy and will bring the parent in early in the process.

Healthy Kids Extended Day Program Code of Conduct

- We will always place safety first; which will mean regular buddy checks, safety drills and procedures to ensure child safety. Safety procedures are priority #1.
- Children are expected to be respectful, honest and kind. Use positive language, be gracious competitors, show good sports etiquette and share
- Be considerate to others and to the environment by cleaning up after yourselves.
- In a group situation, please no talking while someone else is speaking, always raise your hand if you have something to contribute and use inside voices indoors.
- Follow your program staff's directions, if you do not understand, ask questions!!!
- There is a zero tolerance for violence, throwing things, rough housing, or profanity.
- Always engage a program staff person to settle an issue don't take matters into your own hands.

Consequences of not following code of conduct

- The Director will determine disciplinary action after staff reports incidents. Consequences may include (1) a gentle reminder (2) a few minutes aside from group activity (3) call guardian and leave for the day (4) child will be removed from the program with no refund.
- Healthy Kids Extended Day Program reserves the right to immediately dismiss any child from the program for extremely disruptive behavior, for behavior placing a student/staff safety in jeopardy or any violence. Examples include but are not limited to: (1) intentionally hurting another child (2) stealing (3) refusing to comply with a safety directive (4) violence, etc.
- We have zero tolerance for violence and believe that there are no reasons or circumstances that call for violence. We require children to bring issues to staff person's attention for help in solving them before it escalates to violence. Any child who harms another will be expelled, WITH NO REFUND of tuition. This includes pushing, biting, and kicking, etc.

PARENT HANDBOOK

- You'll find lots more information in the parent handbook. You can find a printable version of the Parent Handbook on our website, www.HealthyKidsProgram.org and you will receive a copy via e-mail as part of your registration confirmation correspondence.

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Please complete and submit the following Registration pages

A. Tell us about the child(ren) you are enrolling

1. Children's Name _____ Age on 9/2 _____
Date of Birth _____ Gender (M or F) Grade _____
School _____ Program Start Date _____
Program Site _____

2. Children's Name _____ Age on 9/2 _____
Date of Birth _____ Gender (M or F) Grade _____
School _____ Program Start Date _____
Program Site _____

3. Children's Name _____ Age on 9/2 _____
Date of Birth _____ Gender (M or F) Grade _____
School _____ Program Start Date _____
Program Site _____

B. Tell us about you and how to contact you.

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Tel. Numbers Home _____ Work _____

Cell number _____ Email _____

Emergency contact Name _____ Phone _____

Name _____ Phone _____

C. Let us know if it's ok to use photos of your child in marketing material.

I grant permission to use photographs of my child taken at the Healthy Kids program for publicity purposes **PLEASE INITIAL HERE** _____.

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D. Who you authorize to pick up your child (ren). Please note we will not release your child to anyone not listed below. Also, if the person who is authorized to pick your child up is not a parent/guardian we will ask for a photo id before releasing your child.

1. Name _____ Phone _____

Relationship to child _____

2. Name _____ Phone _____

Relationship to child _____

3. Name _____ Phone _____

Relationship to child _____

E. Let us know that you agree with our (1) rules and regulations (2) code of conduct and (3) progressive discipline action plan.

I _____ (parent/guardian name) have read the (1) rules & regulations (2) code of conduct and (3) progressive discipline action plan and agree with them.

PLEASE INITIAL HERE _____

I, for myself and anyone entitled to act on my behalf, waive and release the Healthy Kids Program and its representatives from all claims and liabilities of any kind arising out of participation in this program or related activities. **PLEASE SIGN HERE** _____

Parent/Guardian's Signature Date

I _____ (child(ren)'s name(s)) understand that hitting, using rude language or being mean to others is not allowed in the Healthy Kids Before/After School Program. I understand if I do any of those my parent (s) will be called and I could be expelled.

Child (ren)'s signature(s)

Date

While homework is an important element of our program, our main focus is on child development. We allow a maximum of 60 minutes for homework each day.. If you would like a lower homework limit for your child, just let us know below.

- My child will NOT do homework while attending the Healthy Kids Extended Day Program. **PLEASE INITIAL HERE** _____
- My child will do homework for a maximum of _____ minutes per day Monday- Thursday. **PLEASE INITIAL HERE** _____

F. Although medical situations are rare and those that do occur are most often

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solved with a band aid we need to be prepared for any and every possible contingency.

MEDICAL AUTHORIZATION

In the event of serious illness or injury, I authorize the Healthy Kids Program Staff to obtain necessary emergency medical treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

Child (ren)'s Name (s) _____

Hospital insurance carrier _____

Child's Physician _____

Phone _____ Address _____

Child's Dentist _____

Phone _____ Address _____

If guardian cannot be reached, list contact numbers to be used:

#1 Name: _____ Relationship to Child _____

Home Tel. _____ Cell _____

Alternate Tel. _____

#2 Name: _____ Relationship to Child _____

Home Tel. _____ Cell _____

Alternate Tel. _____

I, _____ (parent/guardian name) have read, understand, and agree with all of the above.

PLEASE SIGN HERE _____

Parent/Guardian's Signature

_____ Date

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Medical History

A separate form must be completed for each child.

Child's Name _____ Date _____

1. Has your child been under any medical care within the last year? If yes, why?

2. Is your child on any medication? Y or N. If yes, what is the name of the medication(s) _____
*****Note: ANY CHILD ATTENDING THE PROGRAM WITH EPI PENS OR INHALERS MUST FILL OUT AN INDIVIDUAL HEALTH CARE PLAN. PLEASE ASK JEANNE FOR THIS FORM, AND SUBMIT THIS FORM PRIOR TO YOUR CHILD STARTING THE PROGRAM.*****
3. Is your child allergic to penicillin or any other drugs? Y or N If yes, please list _____
4. Does your child wear any appliances? (Glasses braces, etc.) _____
5. Are there any current conditions that the staff should be aware of? _____
6. Is your child subject to any of the following? (check all that apply)

_____ fainting spells	_____ headaches	_____ tonsillitis
_____ eczema	_____ stomach upset	_____ wetting
_____ abdominal pains	_____ hay fever	_____ convulsions
_____ diabetes	_____ sinus trouble	_____ frequent sore throat
_____ asthma	_____ bronchitis	_____ ear infections
_____ constipation	_____ mood disorders	_____ other, please list _____
7. Does your child suffer from:

_____ lung problems	_____ kidney problems	_____ heart problems
_____ hernia	_____ epilepsy	_____ allergic reaction to bee stings
_____ other allergies, explain _____		
8. Please note we are not authorized to administer any medications. The exceptions are epi-pens and inhalers with a pre-approved personal health plan.

PLEASE SIGN HERE _____

Parent/Guardian's Signature

_____ Date

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First Aid Kit - Child Information Summary - Page 1

We keep this form in the first aid kit at the extended day location it has a summary of all your child's important information. We strongly recommend including a photo in the top left hand corner.

PHOTO OF CHILD (Optional)	NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES <i>DAY CARE REGISTRATION</i>			
	Child's Full Name:			
	Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

OCFS-LDSS-0792 (1/2005) FRONT

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First Aid Kit - Child Information Summary - Page 2

Provider/Day Care Facility Name and Address: Healthy Kids Extended Day Program Location:	CHILD'S FULL NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	CHILD'S HOME ADDRESS:		DATE OF BIRTH:	
			HOME TELEPHONE NUMBER:	
	DATE OF ACCEPTANCE:	DATE OF DISCHARGE:		
	NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	HOME TELEPHONE NUMBER:
		<input type="checkbox"/> Caretaker	<input type="checkbox"/> Relative	DAYTIME TELEPHONE NUMBER:
			<input type="checkbox"/> Other	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No				
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE			DATE:	

OCFS-LDSS-0792 (1/2005) REVERSE

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Child (ren)'s name _____

Parent/guardian name _____ Tel Number _____

School _____ Before/After School Program Site _____

Part One: Registration Fee

Please check your payment method for monthly tuition and date of registration

- Register **by** July 15, 2017; reg fee = waived
- Register **after** July 15, 2017; reg fee = \$50/child
- Register **after** September 1, 2017; reg fee = \$75/child

Line A: Registration fee per child = _____

Line B: Registration fee x number of children (150/family cap) = _____

Please note:

- If you have any questions about the automatic payment plan, e-mail Jeanne at Jeanne@HealthyKidsProgram.org
- September's tuition will be deducted from your account on **August 18th**. For most months the deduction occurs between the 18th and 20th of the month prior; see page 6, #10 for actual deduction dates for each month.
- Pre-payment plan: **save 10%**. Pay your entire before/after school tuition in full by July 15th and **take 10% off your total tuition plus pay no registration fee.** Pay in full after July 15th save 10% off your total tuition but pay a \$50 registration fee.

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Part two: tuition

First Child's Name _____

Before-school Program

- Before school location:(fill in)_____
- Select drop off time -(circle one) 6:15am (Union Ave Only), 6:30am,7am
-please check page 2 to see which drop off options your preferred site offers
- Select days:(circle days) Mon Tues Wed Thurs Fri
- Select rate structure Please note documentation is required for reduced rates.
(circle one) Regular fees, reduced lunch fees, free lunch fees.
- **Before School Tuition**(see fee info on pages 3-5 of this packet to get the tuition rate that is specific to the location you are interested in): _____

After-school Program:

- After school location:(fill in)_____
- Select pick up time -(circle one) 6:00pm, (7:00pm, 8:00pm-- Union Ave Only)
- please check page 2 to see which pick up options your preferred site offers
- Select days:(circle days)Mon Tues Wed Thurs Fri
- Select rate structure Please note documentation is required for reduced rates.
(circle one) Regular fees, reduced lunch fees, free lunch fees.
- **After School Tuition**(see fee info on pages 3-5of this packet to get the tuition rate that is specific to the location you are interested in): _____

First child's tuition:

Line C: Undiscounted before and/or after school tuition = _____

Line D: 10% discount for BOTH before AND after school - _____

Discount off regular rates only, no discount off reduced rates

Line E: First child discounted sub-total (lines C - D) = _____

****Automatic Payment Form on the following page is required and until it is complete your child may not start the program.****

Healthy Kids Extended Day Program

The Largest After School Provider in the Hudson Valley

2017-2018 Registration packet for programs in the Highland Falls, Newburgh, Tuxedo, Valley Central & Washingtonville School Districts.

Admin offices: 565 Union Avenue New Windsor, NY 12553 www.HealthyKidsProgram.org

Sibling Name _____ (Use a separate sheet for each sibling)

Before-school Program

- Before school location:(fill in) _____
- Select drop off time -(circle one) 6:15am (Union Ave Only),6:30am,7am -
please check page 2 to see which drop off options your preferred site offers
- Select days:(circle days) Mon Tues Wed Thurs Fri
- Select rate structure Please note documentation is required for reduced rates.
(circle one) Regular fees, reduced lunch fees, free lunch fees.
- **Before School Tuition**(see fee info on pages 3-5of this packet to get the tuition rate that is specific to the location you are interested in): _____

After-school Program:

- After school location:(fill in) _____
- Select pick up time -(circle one)6:00pm, (7:00pm, 8:00pm Union Ave Only)
please check page 2 to see which pick up options your preferred site offers
- Select days:(circle days)Mon Tues Wed Thurs Fri
- Select rate structure Please note documentation is required for reduced rates.
(circle one) Regular fees, reduced lunch fees, free lunch fees.
- **After School Tuition**(see fee info on pages 3-5of this packet to get the tuition rate that is specific to the location you are interested in): _____

Sibling tuition:

Line F: Undiscounted before & after school tuition for sibling = _____

Line G: 10% discount for BOTH before AND after school - _____
Discount off regular rates only, no discount off reduced rates

Line H: 10% discount for sibling discount - _____
Discount off regular rates only, no discount off reduced rates

Line I: Sibling discounted sub-total (lines F - G - H) = _____

****Automatic Payment Form on the following page is required and until it is complete your child may not start the program.****

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Automatic Payment Authorization Form: Authorization Agreement for Direct Payments (ACH Debits)

Parent/Guardian Last Name

First

E-mail address

Day Phone

Child/Children's Name

Extended Day Program School Site

Monthly Debited Amount

I (we) hereby authorize Healthy Kids Extended Day Program, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account/ _____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

For those choosing automatic payment through checking/savings account:

Please attach voided check to this form

Please check here if your checking account is already on file and unchanged. If so, there is no need to give us your banking info or voided check.

Depository name _____

Branch _____

City _____ - _____

State _____ Zip _____

Routing number _____

Account number _____

For those choosing automatic payment through a credit card, there is a \$15 fee per transaction.

Name on credit card _____ Type of card _____

Billing address _____

Card number _____ Expiration Date _____ Security code _____

This authorization is to remain in full force and effect while your child is enrolled in the 2017-2018 Before/After School program until COMPANY has received **written** notification from me (or either of us) **3 weeks in advance** of its termination in such time and in such manner as to afford COMPANY and depository a reasonable opportunity to act on it. Please submit written notification of any termination or changes to Jeanne Martin at Healthy Kids Extended Day Program, 565 Union Avenue, New Windsor, NY 12553 or e-mail to Jeanne@HealthyKidsProgram.org

Name(s) (please print) _____

Signature _____

Date _____

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.