



CHILD'S NAME: _____

2010/2011
After-School Program Application

Child's Name _____ Age _____

Home Address _____ Zip Code _____

Home phone () _____ Date of birth _____

Grade _____ Teacher _____

What School Does Your Child Attend? _____

What After School Program will your child be participating in?

Krieger Clinton Arthur S. May Noxon Road Hyde Park

Which of the following services will your child need? (Check all that apply)

After School Care

Before School Care

Which child care option will you need?

Full Time (5 days a week)

Daily Option



CHILD'S NAME: _____

Does your child have any known allergies and/or sensitivity to food?

YES NO

If you answered yes, what are they? Please describe your child's reactions and symptoms **You must also complete a required form in accordance with NYS law (SEE SITE COORDINATOR FOR FORM)**

Does your child require medication that would be administered during the after-school program hours? (Please include inhalers for asthma)

YES NO

If you answered yes, please list the name of medication and time of administration

If your child requires medication on site, you must provide proper documentation from child's physician (SEE SITE COORDINATOR FOR FORM)

Does your child have any special needs?

YES NO

If you answered yes, please describe needs

MEDICAL EMERGENCY TREATMENT

In the event of a medical emergency, first aid will be administered to the student by the site coordinator or other qualified staff member. Every attempt will be made to reach the parent/guardian first. If further medical treatment is needed, 911 will be called and the student will be taken by ambulance to **Vassar Hospital**.

I authorize the After-school program to obtain emergency transportation and treatment for my child in the event I am not present.

YES NO



CHILD'S NAME: _____
Parent/Guardian _____ Date _____

OTHER MEDICAL INFORMATION – Completing this section will ensure that the hospital's staff has this information if you are unable to be reached in the event of emergency.

Doctor's Name _____

Doctor's Phone Number _____

Dentist's Name _____

Dentist's Phone Number _____

My medical insurance provider is: _____ ID# _____

➤ **A copy of your child's immunizations and most recent physical must be submitted with this application.**

STATE REQUIRED INFORMATION

Gender

male female

Child's Ethnicity

African-American American Indian/ Alaskan Native Asian-American
 Hispanic/Latino White Other/Multiracial

Does your child receive services in the following areas?

Free or reduced lunch	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Special education	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Limited English language	<input type="checkbox"/> YES	<input type="checkbox"/> NO

STATE REQUIRED INFORMATION cont.

Please check any of the following that apply:

- Food stamps
- SSI (Social Security Insurance)
- Medicare or Medicaid

Please call (845) 452-1110 x3130 for more information



CHILD'S NAME: _____

Disability Insurance

MOTHER/GUARDIAN:

Name _____

Address _____

Does Child live at this address? Yes No

Please circle the best phone number to reach you at between 2:30-5:30 p.m.

Home phone _____ Pager/Cell _____

Work phone _____ Ext./Unit/ Floor _____

FATHER/GUARDIAN:

Name _____

Address _____

Does Child live at this address? Yes No

Please circle the best phone number to reach you at between 2:30-5:30 p.m.

Home phone _____ Pager/Cell _____

Work phone _____ Ext./Unit/ Floor _____

SIBLINGS:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

All policies are explained in detail in the Parent Handbook that will be given when a child is accepted into the program.

PHOTO AUTHORIZATION:

Please call (845) 452-1110 x3130 for more information



CHILD'S NAME: _____

I authorize the After-school Program to use any photos or materials that pertain to my child for publicity purposes.

Parent/Guardian _____ Date _____

GENERAL WALKING FIELD TRIP AUTHORIZATION:

I give my permission for my child to accompany the After-school Program on local walks off-site to neighboring facilities, libraries, parks, and playgrounds.

Parent/Guardian _____ Date _____

HOMEWORK AGREEMENT

I would like my child to work on homework assignments during the academic period.

YES NO

Parent/Guardian _____ Date _____

RECORDS RELEASE FORM:

I hereby grant release of records, information, and documentation regarding my child to be shared between administrators of the After-school program and Poughkeepsie City School District personnel.

Parent/Guardian _____ Date _____

PERMISSION TO ATTEND:

I give permission for my child to attend the After-School Program. I give permission for the After-School Program and Family Services, Inc. to seek medical treatment for my child in the event of an emergency. In consideration of the right to participate in the After-School Program, I hereby assume all risks and will indemnify and hold harmless the After-School Program, its staff, and Family Services, Inc., their employees, trustees, volunteers, officers, and members of any and all liability. I attest that I am the legal guardian of the child named above.

Parent/Guardian _____ Date _____

FEE FOR SERVICES:



CHILD'S NAME: _____

Program fees are based on 10 monthly installments. MONTHLY PAYMENTS MUST BE MADE BEFORE A CHILD CAN PARTICIPATE IN THE PROGRAM. All payments are due by the end of the month for the next month. For example, your payment at the end of September will be the payment for October. The payment at the end of October will be your payment for the month of November and so on... A pro-rated refund is available if a child is removed from the program; days attended will be deducted from the amount returned. There is a sibling discount of \$10.00 per month.

Due Date	Amount	With Maximum Scholarship
August 27, 2010 (for Month of September)	\$200	\$100.00
September 30, 2010 (for Month of October)	\$200	\$100.00
October 29, 2010 (for Month of November)	\$200	\$100.00
November 30, 2010 (for Month of December)	\$200	\$100.00
December 23, 2010 (for the Month of January)	\$200	\$100.00
January 31, 2011 (for the Month of February)	\$200	\$100.00
February 28, 2011 (for the Month of March)	\$200	\$100.00
March 31, 2011 (for the Month of April)	\$200	\$100.00
April 29, 2011 (for the Month of May)	\$200	\$100.00
May 31, 2011 (for the Month of June)	\$200	\$100.00
June 1, 2011	NO Payment	No Payment

Payments may be made using a check or cash and checks must be made payable to Family Services, Inc. A fee of \$25.00 will be charged for returned checks. Checks may be mailed to Family Services, Krieger After-School Program Fee Administrator, 265 Hooker Avenue, Poughkeepsie, NY 12603. Cash must be delivered by an adult to the Fee administrator at the Krieger School Monday-Thursday between 5:00-6:00 p.m. Adults may also deliver checks to the Fee Administrator during this time.

There will be an option for any client who wishes to pay for their tuition using a credit card. Please see the website for more details and information.

If a payment is not received before the beginning of each month, the child will not be able to attend the after-school program until payment is received. After 5 days thereafter, program privileges will be revoked and reentry will not be considered until account balance is paid in full.

FINANCIAL ASSISTANCE:



CHILD'S NAME: _____
Department of Social Services (DSS) Low Income Child Care Subsidies: *All scholarship applicants must first apply to DSS if eligible.*

A limited number of Sliding Scale Scholarships are available to eligible families. Eligibility is based on financial need and is determined by using the *Federal Poverty Level Guidelines*. A Sliding Scale Scholarship Program application and documentation must be submitted in addition to this program application.

- I know that I qualify for DSS child care assistance.
- I am uncertain if I qualify for DSS child care assistance.
- I have applied for the Sliding Scale Scholarship Program.
My documentation has been attached.
- I do not plan to apply for a scholarship.

PLEASE BE ADVISED THAT NO CHILD WILL BEGIN the after-school program until DSS authorization has been verified. Space held for DSS childcare will be limited to 15 days. For this reason, contact with case workers and the Family Services, Inc. Fee Administrator is crucial.

I have read and understand the Fees for Services, Financial Assistance Policies.

Parent/Guardian _____ Date _____

PARENT ORIENTATION:

In order to complete your child's enrollment, a parent/guardian is required to attend a program orientation. The orientation is about one hour long and will provide information about program policies.

I understand that I will be required to attend a program orientation.

Parent/Guardian _____ Date _____

RELEASE AUTHORIZATION:



CHILD'S NAME: _____

New York State law requires that all students must be picked up and signed out of registered School Age Child Care programs each day by an authorized person age 14 or older. All pick-up persons must present a valid picture ID. For youths between the ages of 14-16 years, a copy of a birth certificate must be given to the Site Coordinator.

Your child will only be released to individuals that are listed on this sheet. You may update the list of authorized persons at any time by contacting the Site Coordinator. In order for a custodial order to be enforced, we must have a copy of the custodial order on file.

Please review the steps that need to be taken to complete the dismissal procedure:

- ✓ Person is 14 years of age or older
- ✓ Person is listed on Release Authorization sheet
- ✓ Person has a valid picture ID

If a student has not been released to an authorized person within 20 minutes of the end of the program and no contact has been made by an authorized adult (i.e., phone call, etc), the City of Poughkeepsie Police Department will be contacted to escort your child home.

Please list all authorized persons, age 14 and over,
including Parents/Guardians:

Please call (845) 452-1110 x3130 for more information



CHILD'S NAME: _____

Family Services Inc.
Rights and Responsibilities

Family Services Inc. agrees to:

1. Provide a quality, enhancement after school program for all participants
2. Abide by all NYS OCFS childcare regulations for school aged childcare
3. Treat all participants and parents with respect and provide grievance procedures in case of unresolved conflict.
4. Provide opportunities for parental feedback and suggestions
5. Provide parents with contact information and program rules and expectations upon enrollment.

As a Parent/Guardian, I agree to:

1. Complete all enrollment paperwork required and sign all authorizations necessary.
2. Provide the After School Program with a copy of my child's report card each quarter.
3. Comply with program procedures set forth by Site Coordinator.
4. Comply with payment schedule set forth by Family Services, Inc. and Fee Administrator.
5. Encourage my child to abide by the program rules and participate in all areas of the program
6. Make every effort to attend all performances or parent events scheduled at the program.
7. Show a positive interest in what my child is doing each day (*This will be reflected in your child's attitude toward the program, his/her peers, and the world at large. With your help, we hope to help your child grow into a successful adult.*)

Parent Signature

Date

Staff Signature

Date