

**SCHOHARIE CHRISTIAN AFTER SCHOOL
PROGRAM
REGISTRATION 2021-2022**

Student's Name _____ M F
 Age _____ Birthday _____ Grade Entering _____
 School _____
 Church _____
 How did you hear about us?

Parent/Guardian Information

Name of parent(s)/guardian with whom the student resides:

 Home Phone _____ Cell _____
 Work Phone _____
 Email _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Emergency Contact (if parent/guardian unavailable)

Home Phone _____ Cell _____
 Work Phone _____

All children attending the program must be able to use the bathroom independently. Is your child fully potty trained?
 Y N

In the event that my child has a "bathroom accident," I give my permission to have a staff member change my child, or help him/her change.

Date _____
 Child's Name (please print) _____
 Parent Signature _____

Mail your Registration forms to:
 Schoharie Christian After School Program
 PO Box 340
 Schoharie, NY 12157

Make checks payable to:
 Schoharie Christian After School Program

Questions? Call: (518) 295-8931
 Email: supc09@yahoo.com

MEDICAL RECORD

The medical records, including all immunization dates must be filled out completely before your registration can be processed. Please fill in all blanks, even if the problem doesn't apply to your child (use NA). It is recommended that each student receive a medical examination within 12 months of beginning the program to determine fitness to engage in strenuous activities. A copy of your child's school medical records is adequate.

HEALTH INSURANCE

None _____ Your Company _____
 Group # _____ Identification # _____

IMMUNIZATIONS

*Dates **must** be listed or separate form attached.*

DOSE	DATE ADMIN.	DOSE	DATE ADMIN.
DPT 1	_____	MMR 1	_____
2	_____	2	_____
3	_____	IPV or 1	_____
DT 1	_____	OPV 2	_____
2	_____	3	_____
Tetanus (td)	_____		
Latest	_____		
Meningitis if given	_____		
Hepatitis B 1	_____	Hib 1	_____
2	_____	2	_____
3	_____	3	_____
Varicella (Chicken Pox)	_____		

MEDICAL HISTORY (Mark "NA" if none)

Food Allergies (list) _____
 Medication Allergies (list) _____
 Insect Allergies (list) _____
 ADHD _____
 Physical Limitations _____
 Asthma: 1st Attack _____ Uses Inhaler? Y N
 If inhaler needed (circle one): child keeps staff should hold
 Learning Disabilities _____
 Fainting _____
 Special Diet _____
 Serious Operation(s) _____ Date(s) _____
 Current Medications _____
 Other _____
With any "yes" above, enclose a separate statement regarding the child's present condition and medical history.
 If female, has she been told about menstruation? Y N
 Has she started menstruation? Y N

RELEASE INFORMATION

My signature below certifies and gives permission that:

- All information given is correct.
- Photos of my child can be used in program publicity.
- My child's medical records can be released in case of illness/injury.
- In the event I cannot be reached, I give permission to the Physician selected by the Program Director to hospitalize and/or select treatment for, order medications, anesthetize, and/or perform surgery on the child named above.

Parent/Guardian Signature _____

Date _____

Schoharie Christian After-School Program

(PRE-K through GRADE 6)

*Your child must be 4 years of age on or before December 1st

CONTRACT AGREEMENT

ATTENDANCE POLICY: I agree to notify the Schoharie Christian After-School Program each day before 2:30 PM, if my child will be absent on their scheduled day(s). Please call the **Church Office at 518.295.8931** and leave a message. I understand I will still be financially responsible for any absence taking place during scheduled day(s), with the exception of days the program is closed. Any unexplained absence from the program for a 1 week period or more can result in automatic withdrawal of my child(ren) from the program. Reenrollment will depend upon availability at the time of application.

Medical/Hospitalization Policy If my child(ren) will be absent due to medical reasons, the Program Director can make exceptions, however, this will be decided on a case by case basis. ***Late Pick-Up Policy*** All children are required to be picked up by 5:30pm each day of attendance. In the event a parent/guardian will be delayed picking up, please notify the program staff as soon as possible. Consistent late-pickup or late pickup without notice will result in an additional \$5.00 fee per instance.

NOTICE OF REMOVAL POLICY: If at anytime, I wish to remove my child(ren) from the program, I agree to give written notice to the Program Director 2 weeks in advance of the date of withdrawal, if it occurs before the end of the school year.

TRANSPORTATION: The Schoharie Christian After-School Program does not provide transportation for children to and from the program. Transportation from Schoharie Central School's Bus Department is available for children participating in the program, however, it is the responsibility of parents to arrange for transportation with the School Transportation Department. Schoharie Christian After School Program is not responsible for children while they are being transported by others.

BOTH PARTIES ACKNOWLEDGE THIS AS A BINDING CONTRACT.

PARENT OR GUARDIAN SIGNATURE

SCAP REPRESENTATIVE SIGNATURE

PARENT OR GUARDIAN PRINT

SCAP REPRESENTATIVE PRINT

DATE

DATE

Schoharie Christian After-School Program

ENROLLMENT AGREEMENT

I hereby enroll my child(ren) _____ for child-care beginning (date) ____/____/____ and ending (date) ____/____/____.

ACTIVITY FEE: An annual one-time activity fee of \$50.00 per child is required. This fee will be applied to any curriculum, craft material, or supplies your child will need throughout the course of the program.

WEEKLY/BI-WEEKLY PAYMENTS: Payments by cash or Check must be made by Friday. of each week of care. Bi-Weekly or Monthly payments may be made in advance. A receipt will be provided with each payment. ***Late Payment Policy*** After 2 Weeks of non-payment, Parents will be contacted by the Program Director to arrange a catch-up plan — After 1 Month, Parents will receive written notice of student(s) removal from the program. If you experience financial difficulties making payments, please contact the Director.

TUITION: \$12 Per Day/ Per Child

Indicate below the time and hours by the day(s) your child(ren) will attend.

Days	Time	<i>Staff Use Only</i>
Monday	_____	<i>Activity Fee Paid:</i> _____
Tuesday	_____	<i>Date:</i> _____
Wednesday	_____	<i>Cash/Check #:</i> _____
Thursday	_____	
Friday	_____	<i>Staff Signature:</i> _____

Total Day(s): _____ x \$12 per day = Total: \$ _____ per week / per child.

I understand the program will not be open and I will not be charged for: Snow days, Early Dismissals, Holidays, No after school activities due to weather and School Vacation dates, but I must pay for scheduled days on which my child(ren) does not attend otherwise. Please contact the Church Office at 518.295.8931, if for any reason your child is not attending on a particular day or if pick up is going to be delayed. If you remove your child(ren) from the program before the end of the school year, a two-week written termination notice must be given.

Parent's (Guardian) Signature: _____ Date: _____

Print Parent's (Guardian) Name: _____ Date: _____

Schoharie Christian After-School Program

STUDENT RELEASE AUTHORIZATION

Child(ren)'s Name(s) : _____

Person(s) authorized to pick-up child(ren) (*Please give full names and relationship to child*):

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Authorized Code Word: _____

I understand that only those people named on this form will be permitted to pick my child(ren) up from the Schoharie Christian After-School Program unless written permission is provided for special circumstances or the authorized Code Word is provided in emergency situations prior to the time of pickup. I also understand the Schoharie Christian After-School Program Staff reserve the right to request photo identification of any person picking up a child before releasing that child from care.

Parent's (Guardian) Signature: _____ Date: _____

Print Parent's (Guardian) Name: _____ Date: _____

Schoharie Christian After-School Program

STUDENT BEHAVIOR AGREEMENT

It will be the expectation of the Program Staff that all students attending the program will adhere to acceptable standards of behavior, to include:

- All students, staff, and volunteers are to treat and be treated with respect and kindness at all times.
- All students must be with their group at all times except when excused by a staff member to use the lavatory.
- Profanity or other forms of inappropriate language are not allowed.
- Any form of inappropriate physical contact will not be tolerated.
- Students are not to use electronic devices or toys, including cell phones, video games, etc. during program hours.

Failure to adhere to Program Standards of Behavior will result in:

1. At the first instance of the inappropriate behavior, a staff member will give the student a verbal warning.
2. At the second instance, a staff member will give the student a 2nd verbal warning.
3. At the third instance, the student will be "timed out" of the activity, but still within visual/verbal supervision of the staff member.
4. At the fourth instance, the student will be referred to the Director for removal from the activity.
5. If behavior persists, parents/guardians may be contacted to pick up the student, as s/he will be excluded from the day's activities or the program, for a specified amount of time.

** If inappropriate behavior of the student persists for a prolonged period, it will be at the discretion of the Program Director, with approval from the Program Advisory Committee, the student may be removed from the program permanently.

BOTH PARTIES ACKNOWLEDGE THIS AS A CONTRACT OF ACCEPTABLE BEHAVIOR GUIDELINES.

PARENT OR GUARDIAN SIGNATURE

SCAP REPRESENTATIVE SIGNATURE

PARENT OR GUARDIAN PRINT

SCAP REPRESENTATIVE PRINT

DATE

DATE