

REACH CYA ENROLLMENT FORM 2010-2011

(please print all information)

CHILD'S NAME: _____ DOB: _____ GENDER: _____ AGE: _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

TODAY'S DATE: ____ / ____ / ____ FIRST DATE OF ATTENDANCE: ____ / ____ / ____ ETHNICITY: _____

_____ Before School (only) _____ After School (only) _____ Before & After School Program

Pick up password: _____

(We will ask for your password when you call to inform REACH CYA of alternate pick up arrangements. This is used to confirm your identity over the phone.)

Email address: _____

(The email address you provide will be used to notify you of special program offerings, program changes and cancellations.)

Parent/Guardian Information- Please print

Name _____ Name _____

Relationship to child _____ Relationship to child _____

Address _____ Address _____

City/Zip Code _____ City/Zip Code _____

Home Phone _____ Home Phone _____

Business Name _____ Business Name _____

Business Phone _____ Business Phone _____

Cell Phone: _____ Cell Phone _____

Alternate Phone: _____ Alternate Phone: _____

Married _____ Divorced _____ Separated _____ Single _____ Other _____

Who has legal custody of the children? _____

Parent Restrictions: _____

****Where restriction is requested you must provide documentation showing legal rights.**

DEPARTURE PROCEDURES / EMERGENCY CONTACTS: You must designate at least one emergency contact.

List the people authorized to pick up your child other than yourself.

1. Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____ Alt. Phone: _____

2. Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____ Alt. Phone: _____

3. Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____ Alt. Phone: _____

Designate a neighbor's address where your child would go in case of an emergency situation or inclement weather closing.

Name: _____ Phone: _____

Address: _____ City/Zip Code: _____

Should any of the above phone numbers change during the year, please contact the office to update information.

REACH Community and Youth Agency
Before and After School Program Fees

Tuition Deposits

Please mark appropriate box

- \$ 150 per family
Before School Registration

- \$ 150 per family
After School Registration

- \$ 200 per family
Before & After School Registration

Tuition Deposit _____

Plus
Family Registration Fee + \$40 per family

Total Amount Due _____

Please make check payable to **REACH CYA, Inc.**

Child's Name: _____

SCHEDULE INFORMATION

~~ BEFORE SCHOOL PROGRAM ~~

Scheduling options:
(check one)

Before School - Consistent Schedule (circle)

M T W TH F

Before School - Varied Schedule

➤ No need to notify the REACH office to use program

~~ AFTER SCHOOL PROGRAM ~~

Scheduling options:
(check one)

After School - Consistent Schedule (circle)

M T W TH F

After School - Varied Schedule

➤ I will notify REACH CYA and my child's elementary school each time my child will attend the program

REACH CYA MEDICAL FORM

Child's Doctor's Name: _____

Address: _____

Phone: _____

Child's Medical Carrier: _____

Policy Holder Name: _____

Policy Number: _____

(This section must be filled in or noted as "Not Applicable")

• All allergies your child has: _____

• Any special needs your child has: _____

• Does your child receive Special Education Services? _____

If so please check all that apply: _____ Resource Room _____ Self Contained

_____ One-to-One Para _____ Other (explain) _____

• Any medical condition(s) your child has: _____

• Any medication your child takes *: _____

• Any foods your child may not eat: _____

• Other: _____

*Note: No medication of any type including, but not limited to, any prescription drugs, cough drops, vitamins, aspirin, or ear drops may be administered by REACH CYA staff.

Emergency Medical Release:

"In the event I cannot be reached in a medical emergency, I give REACH Community and Youth Agency, Inc. staff authorization to act on my behalf in securing proper medical treatment, including taking my above named child to the nearest hospital. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I release REACH CYA staff, Board of Directors, volunteers and all funding sources from liability or legal action.

I understand and fully give the consent described above.

Parent/Guardian Signature: _____ **Date** _____

BEFORE AND AFTER SCHOOL DISCIPLINE AGREEMENT

Please read and discuss this agreement with your child before signing.

1. I agree not to hit, punch, kick, push, wrestle or put my hands on anyone in any manner.
2. I agree that if I am angry or upset about the way someone behaves towards me that I will find an adult to talk to.
3. I agree that words can hurt people too, and that I will not use bad language or say mean things.
4. I agree that everyone is different and may do things differently than me. I will not make fun of other people or the way they do things.
5. I agree that I must pick up after myself and put things away.
6. I agree to listen to adult staff members and follow their direction.
7. I will not leave a room without permission from a staff member.

*****I understand that if I cannot follow these guidelines, I may be immediately suspended or dismissed from the REACH CYA program.*****

Signature, Child: _____ Date _____

Signature, Adult: _____ Date _____

School Teacher's Note

Please deliver this note to your child's teacher.

(For children with VARIED schedules, please be sure to notify your child's teacher and the REACH CYA office of the days s/he will attend.)

Date: _____

Dear Teacher,

My child, _____, will be attending the REACH CYA

After School Program on the following days:

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

Parent/Guardian Signature

Date

REACH CYA PARENT AGREEMENT

In order to enroll my child(ren) in the REACH CYA program, I agree to:

1. Complete all registration paperwork prior to my child's attendance. **If work or emergency numbers change during the year, I will inform REACH CYA immediately.**
2. Pay an annual, non-refundable registration fee at enrollment and applicable tuition deposit. The tuition deposit will be applied to my final invoice at the end of the school year. If not fully used I will be refunded the remaining balance in July.
3. **I understand that I will be invoiced monthly for the days my child attended the program. I agree to pay a \$10.00 past due fee if tuition is not paid by the last day of the month. I understand that my child may be suspended if there is an outstanding balance. I also agree to pay a \$20.00 returned check fee. In addition, I understand that if my account is referred to a collection agency my account will be increased by 25%. In the event that my account is referred to an attorney, I will pay attorney's fees of 25% of the total unpaid balance plus court costs. Should my account be referred to a collection agency REACH CYA reserves the right to deny future enrollment in any REACH CYA programs.**
4. REACH CYA reserves the right to change payment terms and/or revoke scholarships based on delinquent or slow payment history. This includes but is not limited to: pre-payment plans; cash or money order only payments; and special payment arrangements.
5. Be responsible for all child care expenses incurred for the child(ren) I have registered. I understand that it is not the responsibility of REACH CYA to seek collection of fees from other responsible parties.
6. Escort my child into the Before School Program and sign him/her in. **If I fail to sign in my child, I agree to pay a Failure to Sign-in Fee of \$5.00/day. I understand that I may not drop my child off before 7:15AM or I will be charged \$1/minute and my child will be in jeopardy of suspension from the program.**
7. Pick up my child from the After School Program and sign her/him out. **If I fail to sign out my child, I agree to pay a Failure to Sign-out Fee of \$5.00/day. I am aware that I must pick up my child by 6:15PM or I will be charged \$1/minute fee and my child will be in jeopardy of suspension from the program.**
8. Notify REACH CYA **by 2:00 PM** if my child will be arriving late or will be absent from the After School Program on a day s/he is scheduled to attend. **I will also notify my child's school of any change in my child's schedule. I am aware of and agree to pay any and all fees as indicated in my child's registration packet.**
9. Notify REACH CYA if someone other than myself or my spouse will be picking up my children. All other adults who pick up my child must be on the authorized list and provide photo ID. (PASSWORD WILL BE REQUESTED for any other alternate arrangements.)
10. Give REACH CYA current emergency numbers that they can use to arrange for transportation if my child appears ill, or if the program closes early due to inclement weather conditions or any other emergency.
11. Inform REACH CYA of any special needs or problems my child may have. I will inform REACH CYA if my child is contagious.
12. I have read the Discipline Procedure and will abide by any suspension or permanent exclusion decisions that the Before and After School program deems necessary due to the inappropriate behavior of my child.
13. Release REACH CYA from any responsibility for missing or damaged articles (i.e. book bags, clothing, toys). My child's belongings will be labeled at all times. I am aware that my child should leave valuable belongings at home.

I HAVE READ THIS AGREEMENT CAREFULLY AND AGREE TO ITS CONTENTS.

Signature _____ Date _____

I HAVE REGISTERED WITH A VARIED SCHEDULE AND WILL CONTACT REACH CYA AT 631-549-9417 EACH TIME MY CHILD WILL ATTEND THE AFTER SCHOOL PROGRAM.

FOR OFFICE USE ONLY:

REGISTRATION FEE \$ _____

CHECK # _____

TUITION DEPOSIT \$ _____

CHECK # _____

RECEIVED BY _____

DATE _____