

**2010-2011 Registration Checklist
Before & After School Program
Grand Island CSD**



Upon receipt of complete registration materials, parents will receive a confirmation letter/email noting approved start date. *Please allow five business days for processing, following receipt of registration materials at our Main Office.*

****Incomplete registration packets will NOT be processed.** *Requested enrollment start dates are not guaranteed, and will be processed on a first-come-first-serve-basis.*

- Child Profile with attached photograph
- Enrollment Level Selection Form (2 day per week minimum)
- Payment Form with Payment Guarantee (\$60.00 per child) and First Month's Payment (may be prorated, call the office for assistance)
- Registration Fee (\$25.00 per family)
- Registration Agreement
- Individual Health Care Plan for children with special health care needs (if applicable)*
- Written Medication Consent and corresponding medication (if applicable)*
- Approval of your application for child care benefits, if applicable

**Not required for registration. All medication must be brought in to the Just for Kids Main Office for processing, should your child have any special health care needs.*

E-mail, mail, fax, or bring completed materials with fees to:

*Just for Kids Before & After School Program
6265 Sheridan Drive, Suite 106
Williamsville, NY 14221*

*Located in the South Sheridan Meadows Corporate Park in:
The Synergy Group office*

Questions? Phone (716) 639-8500 Fax (716) 636-1469
Email: info@justforkidsonline.org
www.justforkidsonline.org



Enrollment Level Selection Form 2010-2011: GICSD

Child's Name: _____ School / Site
 location: _____

Eligibility: Complete registration materials must be submitted to the *Just for Kids* main office by **8/2/10 for services starting 9/7/10**. Materials received *after 8/2/10* will be slated for a **9/13/10 or later** start date.

Please circle desired enrollment level:

Sibling discount rates are noted on the Price Chart and will be automatically applied.

Monthly Schedule	Before School <i>ONLY</i>	After School <i>ONLY</i>	Combination
<i>Check one:</i>	<i>Check one:</i>	<i>Check one:</i>	<i>Check one:</i>
5 days, M-F	\$164.80 <input type="checkbox"/>	\$209.00 <input type="checkbox"/>	\$345.05 <input type="checkbox"/>
4 days <i>please check:</i> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TR <input type="checkbox"/> F	\$139.05 <input type="checkbox"/>	\$188.40 <input type="checkbox"/>	\$301.79 <input type="checkbox"/>
3 days <i>please check:</i> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TR <input type="checkbox"/> F	\$108.15 <input type="checkbox"/>	\$162.65 <input type="checkbox"/>	\$249.26 <input type="checkbox"/>
2 days <i>please check:</i> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TR <input type="checkbox"/> F	\$66.95 <input type="checkbox"/>	\$126.60 <input type="checkbox"/>	\$206.00 <input type="checkbox"/>

 Parent Signature

 Date Submitted

Requested First day at the program (start date): ____/____/ 20__

**Please advise. Our staff needs to be equipped for a smooth start to the school year!*

Important reminders:

- To add days temporarily please clear with Site Manager. To change days long term, (one month or longer) please submit the Change of Enrollment Form to the *Just for Kids* main office.
- Two long term changes allowed per enrollment year. For each additional long term change, there will be a \$25.00 processing fee.
- Adding days permitted with notice depending on availability (\$9.50/day a.m.; \$13.50 / day p.m.)
- Sibling discount applicable towards long term (one month or greater) changes only.
- All forms available on site or via email

Child Profile

Child's Full Name: _____ Date of Birth: _____ Grade: _____

JFK Location Requested: _____ Sex: Male Female

Name of Person(s) Applying for Child: _____

Relationship to Child: _____ Primary # During Child Care: _____

Emergency Information:

- Please affix a **recent photograph** of your child for emergency / identification purposes
- Please include parents/guardians and all others who may **sign child out** of program

Authorized to Sign Child Out of Program	Contact Name	Relationship to Child	Telephone Numbers	Home Address
<input checked="" type="checkbox"/>	_____ _____	Parent / Guardian	<p style="text-align: center;">Mom</p> Cell: _____ Home: _____ Work: _____ <p style="text-align: center;">Dad</p> Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	_____ _____		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	_____ _____		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	_____ _____		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	_____ _____		Cell: _____ Home: _____ Work: _____	

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 below) necessary for the proper health and well-being of my child. Yes No

Child's Source of Medical Care/Primary Physician:	Telephone Number:
Child's Source of Dental Care/Dentist's Name:	Telephone Number:
Name of Medical Care Facility/Hospital:	Telephone Number:

Medical Information:

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, as per this definition, then an **Individual Health Care Plan** (available via the *Just for Kids* main office) must be completed. Please summarize below.

Special Health Care Needs*: _____

***If your child requires an emergency medication to be maintained on site, contact the *Just for Kids* main office to request a Written Medication Consent form. The appropriate sections of the form must be completed by both the prescribing physician and the parent/guardian. The original completed forms and the accompanying medication (with prescription label when applicable) must be turned in to the *Just for Kids* main office. Please allow five business days for the medication to be approved and taken to site.**

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. Yes No
- 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. Yes No
- I grant the provider permission to release my child for school activities (review/helping in classrooms, intramurals, etc.), or as requested by school personnel. My child will check in at *Just for Kids* when school is dismissed, and return to the program immediately following the conclusion of the afore mentioned activity. I will provide detailed written consent to *Just for Kids* on site staff should I wish my child to participate with other short term activities immediately upon dismissal from school. Yes 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. Yes No
- I give permission for staff of the provider to aid my child in the application of
 Sunscreen (which I have provided and labeled) as needed throughout the program day
 Non perscription topical ointments
- I agree to update this information whenever a change occurs and at least once every six months. Yes No

Parent/Guardian Signature: _____

Date: _____

For Office Use Only

Facility Name: _____ CCFS # _____

Facility Address: _____

Child Start Date: _____ Child End Date: _____ Reason: _____

Reviewed By : _____ Date: _____

Additional Individuals Authorized to Sign Child Out of Program:

Authorized to Sign Child Out of Program	Contact Name	Relationship to Child	Telephone Numbers	Home Address
<input type="checkbox"/>	<hr/> <hr/>		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	<hr/> <hr/>		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	<hr/> <hr/>		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	<hr/> <hr/>		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	<hr/> <hr/>		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	<hr/> <hr/>		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	<hr/> <hr/>		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	<hr/> <hr/>		Cell: _____ Home: _____ Work: _____	
<input type="checkbox"/>	<hr/> <hr/>		Cell: _____ Home: _____ Work: _____	

Payment Form

2010-2011

Grand Island CSD



Child's Name: _____

My child will attend (please check one):

Parent/Guardian: _____

Before School After School Both

School Location: _____

Daytime Phone: (____) _____-_____

If child has a sibling enrolled in the program, please complete a form for each sibling. You may indicate 'SAME CARD INFORMATION' on sibling form. Please make checks payable to: The Synergy Group.

Non-refundable Registration Fee (\$25.00 per family). Please check one:

The Registration Fee (\$25.00 / family) and first month's tuition payment will be charged prior to child's first day.

Charge my credit card (information disclosed below) Check # _____ for \$25.00

Monthly Payment Method:

First month's tuition payment will be charged prior to child's first day. Thereafter, monthly tuition plus accrued fees (i.e., added days, late payment, and late pick up) will be charged on or near the 15th of each month for the upcoming month, through May 2011. To avoid automatic late payment fees, the full balance must be received by the 20th of the month for the upcoming month's tuition. *Sorry, no exceptions.*

If using a credit/debit card, please be sure the expiration date is June 2011 or later, and notify our office in advance if your card number changes (to avoid a declined card, and resultant processing fee). It is the parent / guardian's responsibility to ensure that financial information is up to date; funds are in the account provided, etc.

Method: Check # _____ Money Order Credit/Debit Card Child Care Subsidy

Pay in Full Discount (payment must be submitted by 8/6/10 to qualify):

- Please charge my credit card to reflect full school-year payment (5% discount)
 I am enclosing a check for full school-year payment (5% discount)

Primary Card Information:

Your card will be charged on or near the 15th of every month.

Visa Master Card Discover

Name as It Appears on Credit Card: _____

Credit card #: _____-_____-_____-_____ Expiration date: ____/____

Address Associated With Credit Card Billing (House # only): _____ Zip Code: _____

Cardholder signature: _____ Date: _____

Payment Guarantee (\$60.00 per child):

Our policy requires a payment guarantee to be used in the event we do not receive timely payment. We accept this guarantee by credit card or money order (no checks) and will only use it upon default of your account. The guarantee is waived if paying for the year in full. It will not be charged to your account if you make timely payments.

***Note: If paying by money order, we will apply the \$60.00 toward your last tuition payment, providing your account has not defaulted. Please keep payment guarantee money order separate from monthly payment & registration fees ***

I will guarantee payment by:

Same Credit Card Information as Provided Above Money Order # _____ for \$60.00

Other Credit Card:

VISA MasterCard Discover

Name as it appears on credit card: _____

Credit Card #: _____ - _____ - _____ - _____ Expiration Date: ____/ ____

Address Associated With Credit Card Billing (House # only): _____ Zip Code: _____

Cardholder Signature: _____ Date: _____

Payment Correspondence Method:

Please Send:

Monthly Invoice (tuition owed for upcoming month) YTD Statement by 1/15/10 for tax purposes

Monthly Receipt (paid invoice) None

Via:

E-mail to (print address): _____

Please note that if you have a Verizon E-mail account, you may be unable to receive/open our attachments. Please provide a different E-mail address for this purpose if possible. Thank you!

Site Manager for me to pick up at site

Additional Information We Might Need to Know:

Grand Island CSD Before & After School Registration Agreement



This registration agreement is made this _____ day of _____, 20____, by and between *Just for Kids* (the “Program”) and _____ (“Parent/Guardian”).

Just for Kids is a 501(c) 3 not for profit program of *The Synergy Group*, which provides school-age child care services. Parent /Guardian wishes to have the Program provide child care:

(please check) **Before School** **After School** **Both**

at named Grand Island Central School District location: _____, to his/her child and the Program wishes to provide such services. In light of the foregoing, and the mutual promises contained herein, the parties agree as follows:

Parent/Guardian will pay the Program a non-refundable registration fee of \$25.00 per family, and tuition based on planned attendance level and in accordance with the printed tuition rates and payment policies.

Policies and Terms shall be effective from the time of initial enrollment through the duration of the 2010-2011 school year.

The Program reserves the right to terminate enrollment without notice should child’s or family’s presence jeopardize the health, safety, or well being of other children, families or staff.

Parent/Guardian represents and warrants that he/she has provided full and accurate information to the Program on all registration forms he/she has completed in connection with his/her child’s enrollment. Parent/Guardian further represents and warrants that he/she has read and understands the policies and procedures set forth in the Parent Guide and shall abide by them, as now or hereafter amended from time to time.

Parent/Guardian shall indemnify the Program, the Corporation, its directors, officers, agents and employees harmless from any loss or liability incurred as a result of his/her breach of any representation or obligation of Parent/Guardian under this agreement.

Parent/Guardian shall review the *Just for Kids* Before and After School Programs Parent Guide, and keep informed of *Just for Kids* policies, which are frequently highlighted at the Parent Table and via the *School Age Scoop* Newsletter.

Parent/Guardian Signature

Date

Child’s Name

Requested Start Date

Director Signature

Date