

**Nanuet Family Resource Center School Age Care  
Application/Registration 2019-2020 School Year**

(Please print clearly; applications that can not be read will not be processed)

**Child's First Name:** \_\_\_\_\_ **Child's Last Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Family e-mail** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Age as of Sept. 2019:** \_\_\_\_\_ **Gender:** Male Female

**Original Program Start Date:** \_\_\_/\_\_\_/\_\_\_ **2019 Start Date:** \_\_\_/\_\_\_/\_\_\_

**Grade 9/19:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Please circle all that apply:**

**FRC Program Site:** Miller Highview Barr

**Days attending:** AM: Monday Tuesday Wednesday Thursday Friday

PM: Monday Tuesday Wednesday Thursday Friday

**Please Note:** Kindergarten students must register for all 5 days in the PM program  
Barr only has a PM program

**Parent/ Guardian Information:**

**Parent 1: Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** if different from child's (include city, state & zip) \_\_\_\_\_

**Parent 2: Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** if different from child's (include city, state & zip) \_\_\_\_\_

**Emergency Treatment Release:**

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_  
to receive emergency medical treatment or other treatment deemed necessary.

**Emergency Transportation Release:**

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_  
to be transported by the Nanuet FRC program to a safe location in case of an emergency.  
(We do not transport children unless there is an emergency)

**Waiver:**

If I am unreachable, I hereby give permission to the staff to obtain proper medical care in case of injury or illness. I agree not to hold FRC, staff or related parties liable and not to make any claims against them. The student's personal insurance company is the primary company on any medical claims and I remain liable for anything not covered by insurance.

**Medical Information:** please be as specific as possible when answering the following questions. Doctor & Dentist information MUST be complete for entry in to the program.

**Doctor: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Does your child have an IEP? (Individual Education Plan) Yes/ No**

## 2019-2020 School Year

**Please list other household members:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contacts:** At least two contacts other than parents/guardians already listed, must be provided. We will always try to contact you first.

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

The above person is authorized to pick up my child: Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

The above person is authorized to pick up my child: Yes \_\_\_\_ No \_\_\_\_

**Authorized Pick-ups:** Adults, other than the parent/guardian and emergency, contacts that have your permission to pick up your child. Their ID is required at pick up.

**You must provide at least one adult.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relations to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relations to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relations to child: \_\_\_\_\_

Attach an additional page if adding additional Authorized Pick-ups. You may add people to this list at anytime. Please send an e-mail or written notice to you Site Leader.

- **Every family that registers a student for SAC/MAP must be on the district's K12 Alert. This is how parents are notified when SAC/MAP is cancelled due to bad weather or other circumstances. Students will be instructed to go home on their regular dismissal bus unless you provide an alternate plan. When changes in this plan occur, please contact your child's school directly to ensure your child is dismissed to the proper place. If you are unsure if you are on the K 12 Alert or need to update your information, please contact: Kathleen Maier at 845-627-9883.**

Please indicate your choice below:

\_\_\_\_\_ If SAC/MAP is cancelled my child is to take the bus home.

\_\_\_\_\_ If SAC/MAP is cancelled my child will be picked up.

If special instructions are required please contact your child's teacher or the front office of their school. Staff does not arrive until 3:15 at Miller and Highview and 2:30 at Barr.

## 2019-2020 School Year

### Fee Statement:

The billing for this program is divided into 10 equal payments throughout the school year and remains the same each month regardless of school holidays, absences or snow days. These fees take into account the exact number of days the program will be in session according to the school's calendar. We do not pro-rate, refund or exchange for days missed for any reason. The fee is determined by the number of days a week a child is enrolled. Additional siblings signed up for the program receive 10% off their monthly fees.

### Fees due at registration:

- **Returning Families only:** \$50 registration fee will be waived if all payments and completed application are turned in by **July 1, 2019**
- **New Families:** With this registration packet there is a \$50 per family annual registration fee; this fee is non-refundable. By **August 1, 2019** you will need to submit **June 2020 tuition deposit for each child enrolling**. These fees will be processed on August 1, 2019.
- Signing up after **August 2, 2019** you will need to submit the **\$50** registration fee, **June 2020** tuition deposit and your **first month's payment** at time of registration.
- Registration forms **MUST** be completely filled out and returned to Nanuet FRC with payment information a minimum of **two business days prior to your child's anticipated start date.** All information must be brought to the Nanuet FRC office at 50 Blauvelt Road.
- Monthly payments can only be accepted by the site supervisors, the program director, or the Nanuet FRC office.

### Monthly Fees: (please circle to select your child's rate plan)

# of days A week	Miller Morning Program 7:00-8:50	Miller After School 3:20-6:15	Miller Both Morn. & After	Highview Morning Program 7:00-8:50	Highview After School 3:20-6:15	Highview Both Morn. & After	Barr After School 2:45-6:00
5 days	\$225.00	\$325.00	\$515.00	\$225.00	\$325.00	\$515.00	\$325.00
4 days	\$195.00	\$285.00	\$447.00	\$195.00	\$285.00	\$447.00	\$285.00
3 days	\$155.00	\$235.00	\$358.00	\$155.00	\$235.00	\$358.00	\$235.00
2 days	\$105.00	\$185.00	\$270.00	\$105.00	\$185.00	\$270.00	\$185.00

- This contract is for the **entire** school year.
- **Rotating schedules** can not be accommodated.
- Kindergarten students must sign up for **5 days** after school.
- Please note that changing schedules will result in a fee.

### Payment Information:

- Payment is due by the **10<sup>th</sup>** of each month.
- Checks/money orders are to be made out to **Nanuet FRC**. Tuition can be paid at the program or mailed to the FRC office. We do not accept cash.
- Tuition payments received after the 10th of the month are subject to a **\$25 late fee.**
- There is a charge of \$40 for checks returned by the bank for insufficient funds.
- Families whose tuition payments fall more than two months behind may be withdrawn from the program.
- The June 2020 tuition is refundable until March 31, 2020.
- If I withdraw or reduce my child's enrollment during the month, no tuition will be refunded for that month.
- If I choose to cancel the contract before the end of the school year, I understand that there is a \$100 fee for cancelation of services.
- Receipts will be generated monthly to your email. It is your responsibility to keep these receipts for tax purposes.
- **Please write in the memo section of your check your child's full name, school they attend and the month the payment is for.**

## 2019-2020 School Year

**Policy Information:** A parent handbook will be sent to you via e-mail once this registration is received. Please review our policy information and return the parent signature page prior to your child's start date. Your child will not be able to start the program if the parent signature page is not signed and turned into the director.

- The registration fee is non-refundable.
- There are no credits, exchanges or pro-rations made for missed days for any reason.
- I hereby give permission for my child to be photographed and for the photos to be used in educational and/or promotional materials that include but are not limited to the internet, produced by the Nanuet Family Resource Center. I understand that neither my child's name nor any other identifying information will appear with the photograph. Further, I understand that there will be no compensation for the use of these photos.
- I understand that any changes to this contract may result in a \$25 change fee per change made, in addition to any tuition increase based on the change made.
- I understand that there is a \$100 cancellation fee for terminating this contract prior to the end of the school year and that such cancelation **MUST** be in writing a minimum of 30 days prior to cancel date requested.
- I understand that there is a \$50 re-enrollment fee should I cancel the contract and then re-enroll my child during the same school year.
- I understand that there is a \$25 late fee for every 15 minutes or portion thereof that I am late for pick up. I further understand that these fees will be paid at the time of pickup. In addition, I understand that if I am late on a regular basis my child may be removed from the program at the discretion of the Nanuet FRC director and that I will not be entitled to any refund of fees paid.
- I understand that I must sign my child in at the before school program and sign my child out at the after school program.
- If I am unreachable, I hereby give permission to the staff to obtain proper medical care in case of injury or illness. The student's personal insurance company is the primary company on any medical claims and I remain liable for anything not covered by insurance
- My child will be enrolled upon receipt of the completed registration package with the \$50 family registration fee, June 2020 deposit, and first month's tuition.
- The registration process takes 48 hours to complete.

I have read, understand and agree to the above terms and conditions

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application with payment to:**

**Nanuet FRC 50 Blauvelt Road Nanuet, NY 10954**

(Forms can be mailed, e-mailed, faxed 845.624-1534 or dropped off)

**Shannon Pollack**, Nanuet Family Resource Center School Age Care Director

845-627-4891-office, 845-558-9630-cell [spollack2@nanuet.org](mailto:spollack2@nanuet.org)

**RoseAnn Mercado**, Nanuet Family Resource Center Executive Director

845.627-4889-office, 845-596-2720-cell [rmercado@nanuet.org](mailto:rmercado@nanuet.org)

\_\_\_\_\_ For Office Use Only \_\_\_\_\_

Completed application received on date: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

Entry date: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

**Nanuet Family Resource Center  
School Age Care  
2019-2020**

**Parent Handbook Receipt**

This letter acknowledges that I \_\_\_\_\_ have received, read and agree to all of the terms, conditions, policies and information provided in the Parent Handbook for the 2019-2020 school year.

- I understand the morning program begins at 7:00am at Miller and Highview and my child(ren) can be dropped off anytime from 7am to 8:35am. Please note that staff may be present before 7:00am, drop off officially does not occur until 7:00am.
- I understand that the program ends at 6:15 at Miller and Highview and 6:00 at Barr. My child(ren) must be picked up by that time.
- I understand all of the fees associated with late pick up, adding a day, change in attendance schedule, early termination of the contract and re-entry.
- I understand that e-mails will go to the e-mail address I provided with tuition reminders, updates, newsletters and important program information.
- I give consent for my child to participate in all program activities.
- I understand that failure to make two consecutive payments in a timely manner may result in an automatic withdrawal from the program, and no refunds will be given.
- I understand my family **MUST** be registered with the Nanuet School District's K12 Alert because this will be the method used to notify me of SAC/MAP cancelations due to weather or other circumstances.
- I will keep my contact information up to date with the Site Supervisor, Program Director and the K12 Alert program.
- Waiver: If I am unreachable, I hereby give permission to the staff to obtain proper medical care in case of injury or illness. The student's personal insurance company is the primary company on any medical claims and I remain liable for anything not covered by insurance.
- Further, I agree not to hold the Nanuet Family Resource Center, staff, the Nanuet Union Free School District and its employees/officers or related parties liable or to make any claims against them for any injuries suffered during this program or for medical treatment authorized by them.

Child(ren)s Name: \_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian (print): \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the Nanuet Family Resource Center before your child(ren)'s first day:

Nanuet Family Resource Center  
50 Blauvelt Rd.  
Nanuet, NY 10954

## **Emergency Medication** **2019-2020**

If your child needs emergency medication, please see the next 2 pages.

The form is very specific and needs to be read carefully and completed before your child begins the program. If you are unsure of what an emergency medication is please contact Shannon Pollack at 845-627-4891 and we can discuss your child's needs.

- Medication needs to be in original container- if you are giving an epi-pen, it must be in the original box given from the pharmacy. If you get a 2 pack please try to get the box with the original instructions to the SAC/MAP program. If this is not possible please have the pharmacy print off an extra label form and put it in a sealed zip lock bag.
- If it is a medication like Benadryl for allergies, the medication should be unopened, and the measurement tool provided must match the doctor's orders on the medication consent form.
- There is a parent portion on the form that must be filled out by you, so please fill that portion out.
- You must fill out a form for each medication, if your child needs 2 medications then you need to fill out 2 forms.
- You must reserve time to meet with the site supervisor to go over the medication consent form, giving the medication and looking over the forms, and time to instruct the staff on how to administer the medication.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**MEDICATION CONSENT FORM**  
**CHILD DAY CARE PROGRAMS**

- This form may be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays.
- Only those staff certified to administer medications to day care children are permitted to do so.
- One form must be completed for each medication. Multiple medications cannot be listed on one form.
- Consent forms must be reauthorized at least once every six months for children under 5 years of age and at least once every 12 months for children 5 years of age and older.

**LICENSED AUTHORIZED PRESCRIBER COMPLETE THIS SECTION (#1 - #18) AND AS NEEDED (#33 - 35).**

1. Child's First and Last Name:	2. Date of Birth:	3. Child's Known Allergies:
4. Name of Medication ( <i>including strength</i> ):	5. Amount/Dosage to be Given:	6. Route of Administration:
7A. Frequency to be administered: _____		
<b>OR</b>		
7B. Identify the symptoms that will necessitate administration of medication: ( <i>signs and symptoms must be observable and, when possible, measurable parameters</i> ): _____		
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects ( <i>parent must supply</i> )		
<b>AND/OR</b>		
8B: Additional side effects: _____		
9. What action should the child care provider take if side effects are noted:		
<input type="checkbox"/> Contact parent <input type="checkbox"/> Contact health care provider at phone number provided below <input type="checkbox"/> Other ( <i>describe</i> ): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions ( <i>parent must supply</i> )		
<b>AND/OR</b>		
10B. Additional special instructions: ( <i>Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situation's when medication should not be administered.</i> ) _____		
11. Reason for medication ( <i>unless confidential by law</i> ): _____		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#33 and #35) on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete (#34 -#35) on the back of this form.		
14. Date Health Care Provider Authorized:	15. Date to be Discontinued or Length of Time in Days to be Given:	
16. Licensed Authorized Prescriber's Name (please print):	17. Licensed Authorized Prescriber's Telephone Number:	
18. Licensed Authorized Prescriber's Signature: <b>X</b>		

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**MEDICATION CONSENT FORM**  
CHILD DAY CARE PROGRAMS

**PARENT COMPLETE THIS SECTION (#19 - #23)**

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the licensed authorized prescriber write 12pm?)  Yes  N/A  No

Write the specific time(s) the child day care program is to administer the medication (i.e.: 12 pm): \_\_\_\_\_

20. I, parent, authorize the day care program to administer the medication, as specified on the front of this form, to (child's name): \_\_\_\_\_

21. Parent's Name (please print): _____	22. Date Authorized: _____
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23. Parent's Signature:  
X

**CHILD DAY CARE PROGRAM COMPLETE THIS SECTION (#24 - #30)**

24. Program Name: _____	25. Facility ID Number: _____	26. Program Telephone Number: _____
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27. I have verified that (#1 - #23) and if applicable, (#33 - #36) are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Staff's Name (please print): _____	29. Date Received from Parent: _____
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30. Staff Signature:  
X

**ONLY COMPLETE THIS SECTION (#31 - #32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN (#15)**

31. I, parent, request that the medication indicated on this consent form be discontinued on \_\_\_\_\_ (Date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent Signature:  
X

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #35)**

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date you are ordering the change in the administration of the prescription to take place.

DATE: \_\_\_\_\_

By completing this section, the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

35. Licensed Authorized Prescriber's Signature:  
X



**Extra Day Form**  
2019-2020 School Year

The annual tuition is divided into ten equal payments and remains the same each month regardless of school holidays, absences or snow days. If you require an extra day please fill out this form and return it two business days prior to the extra day that is needed to ensure we have space available. Payment for the extra day is due that day and should be given to the site supervisor. Fees for an extra day are as follows: \$17 Morning program; \$22 Afternoon Program; \$35 Morning and Afternoon program completed in one day. (This is for enrolled SAC/MAP students only)

Please write in the memo section of your check your child's full name, school they attend and the day the payment is for.

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Childs Schedule: \_\_\_\_\_

Day/Date Requested: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

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**Late Pick Up Form**  
2019-2020 School Year

- I understand that there is a \$25 late fee for every 15 minutes or portion thereof that I am late for pick up.
- I further understand that these fees will be directly given to the site supervisor in cash at the time of pickup.
- In addition I understand that if I am late on a regular basis my child may be removed from the program at the discretion of the Nanuet FRC director and that I will not be entitled to any refund of fees paid.
- Please write in the memo section of your check your child's full name, school they attend and the day the payment is for.

Date/Day: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Time of Pick Up: \_\_\_\_\_

Reason for Lateness: \_\_\_\_\_

Fee for pick up: \_\_\_\_\_

Check Number: \_\_\_\_\_

Site Supervisor signature: \_\_\_\_\_

## Schedule Change Form

2019-2020 School Year

The contract that you signed is stating that your child will be enrolled in the SAC/MAP program for the entire school year. If there are any changes, the following applies:

- The registration fee is **non-refundable**.
- There are **no** credits, exchanges or pro-rations made for missed days for any reason.
- I understand that any changes to this contract may result in a \$25 change fee per change made, in addition to any tuition increase based on the change made.
- I understand that there is a \$100 cancellation fee for terminating this contract prior to the end of the school year and such cancellation **MUST** be in writing a minimum of 30 days prior to cancel date request.
- I understand that there is a \$50 re-enrollment fee should I cancel the contact and the re-enroll my child during the same school year.

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

**Before School Program:**

Miller    Day Care    Miller SAC            Highview SAC

**After School Program:**

Miller    Day Care    Miller SAC            Highview SAC            Barr MAP

Original Days Signed Up for: Monday    Tuesday    Wednesday    Thursday    Friday

Tuition Paid: \_\_\_\_\_

New Schedule: **Monday    Tuesday    Wednesday    Thursday    Friday**

New Tuition Payment: \_\_\_\_\_

Date New Schedule Begins: \_\_\_\_\_

Permanent schedule changes will take at least 2 business days to process. Once we verify that there is space for your new schedule you will be notified via email that your child may begin the new program schedule.

Fees Charged: \$ 25 Change of Days  
                  \$100 Termination of contract  
                  \$ 50 Re-enrollment fee  
                  \$ \_\_\_ Other

Parent Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Site Supervisor's Signature: \_\_\_\_\_