

Merrick Before/After School Program Inc.
P.O. Box 694, Point Lookout, NY 11569
Telephone/ FAX : (516) 442- 4152 Website: Merrickbasp.com

Parents must complete a registration/application form for *each* child enrolled in the Merrick Before/After School Program Inc. (B/ASP). Parents who register their children in the Before/After School Program will be required to **prepay their 1st month's tuition and registration fee**. Each registration form must be accompanied by a \$ 40.00 *non-refundable* registration fee/insurance surcharge. **Registration fees:** 1 child = \$ 40.00; \$ 50.00 to register 2 children or \$ 60.00 to register 3 or more children.

If you are going to register your child for September, the first month's tuition and registration fee is due in our office no later than **July 1, 2020**. CHILDREN WILL **NOT** BE REGISTERED IN THE PROGRAM WITHOUT PREPAYMENT OF THE 1ST MONTH'S TUITION PLUS THE INITIAL REGISTRATION FEE. Parents will **not** be able to register their child if there is an outstanding balance from the previous school year.

Application for: **Before School Program (BSP)** (____) **After School Program (ASP)** (____) **Both** (____). Please **check** appropriate program (above) that you are requesting for your child. **The Merrick Before & After School Program** is located at **Birch, Chatterton and Norman J. Levy – Lakeside Elementary School**.

Days your child will be attending the program _____ TODAY'S DATE _____

Mornings **Mon.** () **Tues.** () **Wed.** () **Thurs.** () **Fri.** ().

Afternoons **Mon.** () **Tues.** () **Wed.** () **Thurs.** () **Fri.** ().

CHILD'S NAME _____ **Gender** _____ **DOB** _____

Your Child's grade in September _____ School _____

Child's Address _____

FATHER'S NAME _____ **Home address** _____

Business/Work phone _____ **Home phone** _____ **Cell phone** _____

MOTHER'S NAME _____ **Home address** _____

Business/Work phone _____ **Home phone** _____ **Cell phone** _____

Father's E-mail address _____ **Mother's E-mail address** _____

Emergency Names/Telephone Numbers of persons authorized to pick up your child (ren) from the After School Program.

Name _____ **Phone Number** _____

Name _____ **Phone Number** _____

Name _____ **Phone Number** _____

The After School Program **closes at 6 p.m.** Therefore, all children **must** be picked up *no later than 5:45 – 6:00 p.m.* each afternoon that they attend the **After School Program**. If you know that you are going to be delayed due to heavy traffic, public transportation delays, inclement weather or an emergency, please have an authorized person from the **Emergency list** above (or relative, neighbor, etc.) come to the **After School Program before** the 6 pm. closing time to pick up your child(dren). It is important that you call our program office at 379 – 4245 as early as possible to indicate the name of the person who will be picking up your child.

We must know *in advance*, if someone other than the authorized person on your **Emergency list** has been given permission by you to pick up your child. Please call our office **before** the 6 p.m. dismissal time with the name of the person that you have authorized to pick up your child. That person will be required to present a photo identification (e.g. driver's license) to our staff before your child will be released. Please note that your child will **not be released** to a person who is **not authorized** to pick up your child.

Children who are not picked up by 6 p.m. by you or a person authorized by you will be properly supervised until they are picked up. However, a late fee will be charged to you and added to your next month's regular tuition bill. The late fee, (**\$ 10.00 for every 15 minutes late/or part thereof**) must be paid along with your regular tuition fee.

Child's Health/Medical Information

Certified staff in our program may administer emergency care through the use of epinephrine auto-injector devices ("epi pen") when necessary to prevent anaphylaxis. In the case of medication(s) that need to be given on-going basis, the authorization and consent forms need to be completed by a licensed authorized prescriber and submitted to our office. An individual Health Care Plan will be developed and signed off by the child's parent. Medication may be administered only upon written permission of a parent and accompanied by written instructions of a health care provider. Medication will only be given during an emergency by staff who are trained.

1. Is your child allergic to any food or medication? _____
2. Does your child suffer from any recurrent illness or disorder? _____
3. Will your child require any medication before dismissal to the After School Program? _____
4. Please inform us of any other pertinent medical information regarding your child that will be helpful to our staff in understanding and caring for your child in B/ASP _____

Pediatrician's Name _____ Telephone _____.

Enrollment Agreement – Program Regulations/Policy

1. I understand that the Merrick **Before/After School Program** is open according to the official school calendar of the Merrick UFSD and is closed during official school holidays and summer vacation. We are closed whenever MUFSD schools are closed.
2. I understand that I am responsible for payment of a monthly tuition fee made payable to the: **Merrick Before/After School Program (B/ASP)**. I also understand that I am required to *prepay each month's tuition payment* for the entire 10 month school year. Thus, I will submit my tuition payment one month prior to my child's actual participation in the **Before** and/or **After School Program**. Prepayment will be due in our office on or before the 15th of each month. Payment for September 2020 enrollment is due with the completed registration form. Returned checks are subject to a \$ 15.00 fee payable to the **Merrick Before/After School Program**.
3. **I understand that in the event of continued late payment of tuition fees, or non-payment of tuition fees exceeding 15 days, that my child may be removed from the program and placed on a wait-list until payment is brought up to date.**
4. I understand that if my child displays untoward behavior in his/her group that affects the health and safety of other children and/or staff in the program, that my child may be *removed* from the program. Parents will be given the opportunity to meet with the Program Director in order to discuss and remedy their child's unsatisfactory behavior.
5. I understand that in the event of an accident or illness concerning my child whenever he/she is under the supervision of Before/After School staff, that I will be notified immediately by telephone.
6. I understand that if my child is involved in an accident requiring **immediate** medical attention, that the Merrick B/ASP will obtain emergency health care (911 ambulance). My signature below, authorizes/gives written consent to the **Merrick Before/After School Program** to obtain emergency health care for my child. In an emergency, our program Supervisor will arrange for transportation (ambulance) of your child to a local hospital and you will be notified immediately by telephone.
7. I understand that if my child is enrolled in the **Before School Program**, that each morning that he/she attends the **BSP**. I will come into the building and sign a daily attendance sheet and for my child's safety, I will not leave my child outside the school building. **I also understand that if the MUFSD Superintendent announces a late (10 a.m.) school opening due to snow or ice or inclement weather, that the Before School Program will be closed.**
8. If the MUFSD Superintendent announces "no after school activities," we request that you arrange to have your child picked up no later than 4 pm for the safety of the children and the staff.
9. I will call the **Merrick Before/After School Program** Office at **379 – 4245** or email merrickbasp@gmail.com to inform them of my child's absence from the After School Program on or before the *actual* date of absence. I will also call the program office to inform them if someone *other* than the names listed on the emergency list on the front page will pick up my child.
10. I understand that if my child is absent from a regularly scheduled morning (**BSP**) and/or afternoon session (**ASP**), that I will still be charged for tuition for that "missed session." Parents will not be allowed to use "make-up days" to replace a missed session.

I hereby agree to abide by the Merrick Before/After School Program Policies and Rules listed above.

Parent/Guardian Signature

Date