**School Year KIDS Program**

*2024/2025 Registration Packet*



PO Box 509

22 East Main Street

Norwich, New York 13815

Phone: (607) 336-9696

Fax: (607) 334-2995

\*\*\*Please Complete a Separate Packet for Each Child

You are Registering in Our Program\*\*\*

Thank You!

**Enrollment Packet**

\*Please note that each form needs to be filled out completely. We apologize for any repeated information but we are required by our NYS License to have complete paperwork on file for all our participants. Thank you for your understanding.

* \_\_\_\_\_ BLUE CARD
* \_\_\_\_\_ CHILD’S INFORMATION/EMERGENCY CONTACTS & AUTHORIZED PICKUP
* \_\_\_\_\_ HEALTH INFORMATION AND PERMISSION FOR MEDICAL TREATMENT
* \_\_\_\_\_ TOPICAL OINTMENT & TRANSPORTATION CONSENT
* \_\_\_\_\_ REQUEST FOR CARE
* \_\_\_\_\_ FEE AGREEMENT
* \_\_\_\_\_ BEHAVIOR AND ANTI-BULLYING POLICY
* \_\_\_\_\_ PERMISSION TO COMMUNICATE WITH CHILD’S SCHOOL
* \_\_\_\_\_ PARENTAL STATEMENT OF UNDERSTANDING
* \_\_\_\_\_ DSS Child Care Assistance (if applicable)
* \_\_\_\_\_ The Place’s Financial Assistance Program (if applicable)

All documents are needed prior to your child starting in our program. Please fill them out completely. If you have any questions or concerns, please see the program director.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

**­­\_\_\_CACFP Form \_\_\_Attendance \_\_\_Billing**

**\_\_\_Director \_\_\_Blue cards \_\_\_Allergies**

**CHILD’S INFORMATION**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Grade: \_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Shirt size: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_ Shoe size:\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN 1:** Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Same Address

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN 2:** Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Same Address

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CHILD**

\*The below listed individuals have my permission and approval to pick up my child from KIDS Program. I understand and agree that it is my responsibility to keep this form updated and only the individuals listed will be able to pick up my child. I also understand that my child will not be released by staff to any individual not on this form without prior written permission. I understand and agree to this NYS Child Care Regulation that The Place adheres to.

\* Please list the contacts in the order you would like us to contact them when there is an emergency.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons not authorized to pick up my child**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*If there are any other concerns or instructions that you need us to know about, please give comment on separate paper, attach and initial here: \_\_\_\_\_\_\_\_

\***Please provide any necessary custody documentation, if applicable.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT OF MINORS**

New York State day care regulations require that all providers obtain written permission from each child’s parent/guardian in the event emergency health care for a child is required and parent/guardian cannot be reached.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that I cannot be reached in an emergency, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby give permission, for The Place KIDS Program representative to act on my behalf to obtain medical or surgical treatment for my son/daughter named above if needed.

I understand that my insurance will be billed for any accidents that may occur during care of my child during the program at The Place.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION**

Child’s Primary Care Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medical concerns we should be aware of? Yes / No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any behavior concerns we should be aware of? Yes / No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? Yes / No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify medication your child takes on a regular basis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please specify if there is any additional information regarding your child or family we should know in order to meet your child’s needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOPICAL OINTMENT CONSENT**

I give permission for caregiver to apply the following over-the-counter topical ointment to my child when needed:

Sunscreen: \_\_\_\_

Insect Repellent: \_\_\_\_

Triple Antibiotic Ointment: \_\_\_\_

Other: \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION CONSENT**

I give permission for the provider to transport my child in a vehicle for the following initialed purposes:

* Medical Emergency: \_\_\_\_\_
* Weather Conditions: \_\_\_\_\_

The following guidelines must be followed while transporting my child:

* A caregiver or volunteer must never leave a child unattended in any motor vehicle or other form of transportation.
* Each child must board or leave a vehicle from the curb side of the street.
* All children must be secured in safety seats or by safety belts as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law before any child may be transported in a motor vehicle where such transportation is provided or arranged for by the provider.
* Any motor vehicle, other than a public form of transportation, used to transport children in care at The Place must have a current registration and inspection sticker and must be operated by a person who is at least 18 years of age and possesses a valid driver’s license.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR CARE**

By enrolling your child in our program, you are reserving a slot with us. We have a maximum number of 75 slots we are able to fill. Once a slot is reserved, we are unable to share that slot with anyone else as long as your child is enrolled. Space is available on a first come first served basis. If you enroll week by week please understand that slots may be limited. Initial \_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 1:**

**Please check all that apply:**

1. \_\_\_\_\_\_ My child will only attend **before school** (6 am until school bus pick-up) -- Breakfast will be provided.
2. \_\_\_\_\_\_ My child will only attend **after-school** (from school bus drop-off until 6:00 p.m.) -- Snack will be provided.
3. \_\_\_\_\_\_ My child will attend **before** school (6 am until school bus pick-up) **AND** **after-school** (school bus drop off until 6:00 p.m.) -- Breakfast and Snack will be provided.
4. \_\_\_\_\_My child will attend the **full day** (6 a.m. to 6 p.m.) on days school is not in session.
5. \_\_\_\_\_My child will attend on days school is **partially** in session (bus drop off to 6pm)

**Step 2:**

**\*Please note start date needed for care. If weeks vary, please attach a schedule with what days they will attend.**

**Months Days of Week Comments**

September M-T-W-TH-F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

October M-T-W-TH-F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

November M-T-W-TH-F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

December M-T-W-TH-F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

January M-T-W-TH-F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ February M-T-W-TH-F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

March M-T-W-TH-F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

April M-T-W-TH-F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May M-T-W-TH-F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

June M-T-W-TH-F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anticipated START DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* If you know your child’s schedule will be changing, please let us know in writing at least one week in advance so that we can adjust staffing and meals as needed. If notice is not given, parents will be responsible for payment.**

**NO SHOW POLICY: \*No Show Policy: During the school year program if we are expecting your child after-school and your child will not be attending, you must provide at least 24 hour notice (otherwise you will be charged for the day.)**

\_\_\_\_\_ (Initial) I understand and agree to the No Show Policy

**REQUEST FOR CARE POLICY: If for any reason you need to permanently change your child’s schedule, a letter in writing must be submitted to the KIDS Program Director and the Business Manager one week in advance of the change to avoid being charged.**

\_\_\_\_\_\_ (Initial) I understand and agree to the Request of Care Policy

I have read and agree to all the requirements identified here for request of care. I understand that I am registering my child for the school year and by doing so, no other child can register for this slot. I understand by signing my child up for that slot that I will be paying for care whether or not my child attends.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEE AGREEMENT**

Please list the child you are enrolling in the KIDS Program

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Gender: M/F DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Person responsible for payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The Fee for Child Care is:

Full Day: $27.00 per day per child (More than 4 ½ hours)

Half Days: $14.00 per day per child (4 ½ hours or less)

After-School: $9.00 per day per child

Before-School: $6.00 per day per child

**PAYMENTS: Tuition payments can be with credit or debit cards on** [**www.theplacenorwich.com**](http://www.theplacenorwich.com) **Cash and checks are accepted for payments at The Place.**

If a check is returned or a credit card is declined your account will be charged $35.00 Initial: \_\_\_\_\_\_\_\_\_

**You will be receiving a billing invoice on Tuesdays and payments are due by the end of the week. You will also receive a monthly statement for your records which will reflect your payments.**

**Financial Assistance may be available upon request. If you would like further information, please contact Sharon Vesely, Executive Director at (607) 336-9696 x103.**

**LATE FEE POLICY: If your child is not picked up by 6 p.m., there will be a $10 late fee per child applied to your account for every 15 minutes you are late. If there is a late fee on your account, your child will not be able to attend until it is paid in full. Additionally, if late pick up (after 6pm) becomes routine, termination from the program may occur.**

\_\_\_\_\_\_ (Initial) I understand and agree to the Late Fee Policy

Acknowledgement of Financial Obligation:

I understand and agree to the weekly fees and schedule set for my child. I acknowledge that I am signing into an agreement with the Christian Neighborhood Center of Norwich Inc., dba The Place that I am responsible for paying all fees on-time. I also agree that if for any reason I choose not to continue to send my child to the KIDS Program at The Place, I must submit one week’s notice in writing. I understand that if I withdraw my child from the program, I am still responsible for paying in full any balance remaining on my account. Additionally, I understand that if for any reason my financial situation changes, I am responsible to inform Executive Director, Sharon Vesely ext. 103.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BEHAVIOR AND ANTI-BULLYING POLICY**

It is the belief and desire of The Place KIDS Program to work with children and families to reach reasonable behavior choices. We are here to assist and support the children and families in our program. Our program is designed to offer our participants with the opportunity to make good choices and decisions about how they interact with their peers, staff, conduct themselves in a group, and how they treat each other when they are not happy with a situation. This includes bullying other peers and staff.

Bullying is defined as intentionally aggressive behavior that can take many forms (verbal, physical, social/relational/emotional, or cyber bullying – or any combination of these). It involves an imbalance of power and is often repeated over a period of time. The bullying can consist of one child bullying another, a group of children ganging up against one lone child, or on group of children targeting another group. Common behaviors attributed to bullying include put-downs, name calling, rumors, gossip, verbal threats, menacing, harassment, intimidation, social isolation or exclusion, and physical assaults.

We believe that no child deserves to be bullied and that every youth regardless of race, color, religion, nationality, size, gender, popularity, athletic, social ability, or disability has the right to feel safe, secure, and respected.

Participants Agree to:

* Treat others peers with kindness and respect.
* Be a good role model for other children.
* Not engage in verbal, interpersonal, physical or cyber bullying.
* Support youth who have been victimized by bullying behavior.
* Speak out against verbal, interpersonal, physical bullying and cyber bullying.
* Notify staff or parent when bullying does occur.
* Abide by the Summer KIDS Program anti-bullying policies and procedures.

If behavior choices progress to a negative behavior issue, then the program follows the rules and behavior policies set forth by The Place. NYS School Age Regulations Part 414.9 provided.

**First Offense:** Staff will speak with the child about his/her inappropriate behavior and how he/she can work to make better choices.

**Second Offense:** Staff will speak again with the child about his/her inappropriate behavior and will complete an incident/situation report regarding the behavior. Either a phone call to parent or at pick up, staff will speak with the parent about the child’s inappropriate behavior and what has happened.

**Third Offense:** Staff will complete all above-mentioned documentation and the parent will be asked to come in for a conference with the Program Director and Executive Director to discuss the future of the child’s enrollment in the program.

However, if there is a concern for other’s safety or a blatant disregard for Program rules and policies, then this may result in suspension or termination from the program and parent will forfeit tuition paid.

I have read my child The Place KIDS Program Behavior and Anti- Bullying Policy and my child agrees to the policy. Initial\_\_\_\_\_\_

I have read and agree with The Place KIDS Program Behavior and Anti-Bullying Policy.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION TO COMMUNICATE WITH CHILD’S SCHOOL**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission to The Place and my son/daughter’s school district to share information with each other concerning my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the school year 20\_\_\_ - 20\_\_\_.**

**Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classes my child excels in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classes my child needs help in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My child already receives extra help with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My child has a behavior plan at school (please circle): Yes/No**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please Note: we strive to assist all youth to be solid and enthusiastic learners. We spend the afternoon completing homework and reading. By authorizing us to reach out to your child’s school, we are able to request quarterly report cards. This enables us to track the effectiveness of our structured learning assistance.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL STATEMENT OF UNDERSTANDING**

**Please initial the following:**

\_\_\_\_\_ I understand that if there are any changes in attendance, it is my responsibility to contact the appropriate Place staff one week in advance to make the necessary changes for billing and program participation.

\_\_\_\_\_ I understand that my insurance will be billed for any accidents that may occur during care of my child during the program at The Place and I am responsible for the cost of medical treatment and care.

\_\_\_\_\_ The information provided on all enrollment and medical forms is complete and accurate. I have provided The Place with all necessary information to properly care for my child’s needs.

\_\_\_\_\_ The Place’s responsibility for my child begins when the child has reached the program and is checked in with a Place staff member.

\_\_\_\_\_ I acknowledge that all parties who are authorized to pick up my child must have identification and if not, my child will not be released to them.

\_\_\_\_\_ I understand that my child will not be released by staff to any individual not on the blue card without prior written permission. I understand and agree to this NYS Child Care Regulation that The Place adheres to.

\_\_\_\_\_ It is my responsibility to arrange for my child to be picked up from The Place by 6pm. If two hours have passed from the program closing time and all attempts to contact an authorized person to pick up my child have failed, The Place will contact Child Protective Services and or police for further instructions.

\_\_\_\_\_ Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff will have no recourse but to contact the police.

\_\_\_\_\_ The Place is mandated by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

\_\_\_\_\_ I acknowledge that a permission slip must be given to The Place staff in order for my child to participate on a field trip that is not in walking distance.

**Please initial each additional statement you AGREE with, put NO if you do not agree:**

\_\_\_\_\_ The Place has my permission to use photographs of my child in promotional materials such as social media, ads or newspaper releases.

\_\_\_\_\_ My child may participate in field trip excursions away from the facility and under the direct supervision of The Place Staff.

\_\_\_\_\_ My child may participate in water activities as scheduled and under direct supervision of The Place staff.

\_\_\_\_\_ My child and I are aware that my child will have to pass a swim a test, given by a certified lifeguard in order to swim in the deep end. My child’s ability to swim is:

 \_\_\_\_\_ Afraid of water \_\_\_\_\_ Some lessons \_\_\_\_\_ Confident in deep water.

My signature acknowledges my understanding of and agreement to the above information.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_