

KAP Learning POD

The Neighbor Hood Kids Achievement Program

38 Tuckahoe Road

Yonkers, NY 10710

Mrs. Cloud 914-513-8898

Remote Learning/After School/Summer Programs Enrollment Form

Form of Payment Out of Pocket Child Care Subsidy 1199

Student/ Camper Information

Student/Camper Name _____ Shirt Size _____

Home Address _____

Sex _____ Birth Date _____ Race/Ethnicity (optional) _____ Language(s) spoken at home _____

M F / / _____ _____

Current Grade _____ Current School _____ Current Teacher _____

Child lives with: Dad & Mother Dad Mother Foster Care Other

Parent/Guardian Information

Parent/Guardian #1

Parent/Guardian #2

Name _____

Name _____

Relationship to student _____

Relationship to student _____

Address _____

Address _____

Home/Cell Phone _____

Home/Cell Phone _____

Employer _____

Employer _____

Address _____

Address _____

Work Phone _____

Work Phone _____

Email Address _____

Email Address _____

Emergency Contacts

Name _____

Name _____

Relationship to student _____

Relationship to student _____

Address _____

Address _____

Home/Cell Phone _____

Home/Cell Phone _____

Work Phone _____

Work Phone _____

Release of Student/Camper

Myself or one of the following individuals will pick my child up at the designated time: _____

Individuals Names (Picture ID Required)

Name _____ Home/Cell Phone _____

Name _____ Home/Cell Phone _____

Do Not Release My Child To The Following Individuals

(Legal Documents Need To Be On File For Individuals That Are Parents To The Student/Camper)

Name _____ Relationship to Student _____

Name _____ Relationship to Student _____

If there are more names that you would like to list, please attach a separate paper. Thank you.

A. Permission Of Student/Camper Participation:

I give my child permission to participate in the Remote Learning/After School/Summer Program

Parent/Guardian Signature

Date

B. Information:

1. How did you find out about KAP Remote Learning/After School/ Summer Program? _____

2. What primary services would you like your child to receive?

(Check All That Apply) Reading _____ Math _____ Writing _____ Other _____

3. Please give further information which you believe will be helpful to the staff in understanding and caring for your child:

C. Photographs/Videos/Interviews (Check One)

___ I give permission for my child to be photographed, video taped or interviewed during Remote Learning, After School or Summer Program events and activities.

___ I do not give permission for my child to be photographed, video taped or interviewed during Remote Learning, After School or Summer Program events and activities.

Parent/Guardian Signature

Date

D. Food Allergies, Food Intolerances or Restrictions?

Parent/Guardian Signature

Date

Program Policy and Procedures

Emergency Closing or Early Dismissal:

In the event of inclement weather, The Neighbor Hood Kids Achievement Program reserves the right to cancel our program. Parents will be notified and will be expected to promptly come and pick up their children. We realize this is an inconvenience, but we will do what is necessary to insure the safe return home for all the families participating.

Parent/Guardian Signature

Date

Fees:

The Neighbor Hood Kids Achievement Program charges a \$35.00 per application & registration fee. This registration fee guarantees your child a place in the program. This is a non-refundable fee. Please note that space is limited. To insure you reserve your spot, we suggest registering as soon as possible. Parents are responsible for any parent shares or differences that is not covered by Westchester County Child Care Agency and the 1199 Agency. Non-payment of parent shares or the difference could result in disruption of your benefits from child care assistance. Families using these services are responsible for contacting their caseworker and making sure all appropriate paperwork is provided to The Neighbor Hood Kids Achievement Program. Parents must follow the set payment schedule for your child to continue attendance at The Neighbor Hood Kids Achievement Program.

The weekly payment of \$_____ is due the beginning of the week on Monday. If your payment is past two weeks late, we reserve the right to drop your child from the program immediately. There may be additional fees charged for the collection process.

Parent/Guardian Signature

Date

Late Fees:

The Neighbor Hood Kids Achievement Program closes at 6:00 P.M. each day. We encourage you to pick up your child by that time. A late fee of \$5.00 per child will be assessed for every 15 minutes or fraction thereof when a child is picked up after 6:00 P.M. We understand the conditions are sometimes beyond the control of parents. Examples would be bad weather, accidents and similar conditions. If this does occur, it is very important that you notify the staff by phone as soon as possible. Our staff also have families and other responsibilities to attend to at the end of the day. If you are, more than 30 minutes late and we have not heard from you we will contact the names on your emergency card. Rest assure that under no condition will we leave your child unattended.

Parent/Guardian Signature

Date

Withdrawal from Program:

We politely request that you give us a week notice if you are withdrawing your child for any reason. In the event we do not receive this notification, a \$100 cancellation fee will be charged to your account.

Parent/Guardian Signature

Date

Personal Belongings & Electronics:

We request that children do not bring toys or personal belongings to the program. We cannot be responsible for items that are lost or damaged. Please leave all electronics at home.

Parent/Guardian Signature

Date

Illness:

If your child becomes ill while at our program, we will contact you immediately. As a parent you are responsible to pick them up immediately or send an authorized person to do so.

Parent/Guardian Signature

Date

Discipline:

The Neighbor Hood Kids Achievement participants are expected to be respectful and follow the instructions of staff. If rules are not followed, the parent/guardian will receive a misbehavior notice. It is only fair to all the children and staff to have a positive experience at the program.

Parent/Guardian Signature

Date

Liability Waiver:

In consideration of my child being permitted to participate in The Neighbor Hood Kids Achievement Program. I agree to release, hold harmless and indemnify The Neighbor Hood Kids Achievement Program and any and all other organizations of whatever connection and all claims, demands, costs, losses, and expenses. Which I, my heirs, and personal representatives may have arising out of his/her participation in The Neighbor Hood Kids Achievement Program using any and all facilities connected herewith. I understand that every possible precaution will be exercised to assure the safety and welfare of my child. I also understand that the school and an authorized agent shall not be responsible, financially or otherwise, should an accident occur.

Parent/Guardian Signature

Date

Policy and Procedure Agreement:

I recognize my responsibility to respect the rules of The Neighbor Hood Kids Achievement Program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants. I also recognize my responsibility to pay the agreed amount on time and be responsible for any damages my child might cause while participating in The Neighbor Hood Kids Achievement Program.

Parent/Guardian Signature

Date

Medical Permission & Health Information

Please give the information requested. It will enable us to protect the safety of your child in case of an emergency.

Student/Camper Name	Birth Date
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Parent/Guardian Name	Home Phone#	Cell Phone#
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Accidents and Emergencies

Children who receive minor injuries will be given first aid and we will notify the parent when to pick them up. In the event of an emergency, you will be notified. If needed, staff will call 9-1-1. Also, if the medical team responding determines that your child needs to seek additional medical attention; your child will be transported by ambulance to the hospital so proper treatment can be provided.

I give my consent to the supervising staff of The Neighbor Hood Kids Achievement Program to call 911 should an emergency arise. In event of an emergency, I hereby give permission for my child to be taken by ambulance for treatment and I will be responsible for the medical charges.

Parent/Guardian Signature	Date
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Does your child have any allergies or food intolerances? Yes No

If Yes, Please List _____

Medications:

Does your student/camper require: EpiPen Yes No Inhaler Yes No

At home is there any medication currently being taken? Yes No

If Yes, Please List _____

Emergency Contacts: List two names and telephone numbers of relatives who live close by or friends who you authorize to care for your child in case of an emergency, if you cannot be reached.

Name/Relationship	Home Phone#	Cell Phone#
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Name/Relationship	Home Phone#	Cell Phone#
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Name of Doctor	Office Address	Office Phone#
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Please Check One:

In case of accident or injury, I authorize any and all emergency medical advised by the physician listed above necessary for proper health and well-being of my child.

In case of accident or injury, I do not authorize any emergency medical advised by the physician listed above necessary for the proper health and well-being of my child.

Parent/Guardian Signature	Date
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