The Neighbor Hood Kids Achievement Program

Program Directors:

Mr. Cloud 914-562-3632

Mrs. Cloud 914-513-8898

After School/Summer Programs Enrollment Form

MLK Jr. Academy _____ School #16 _____

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**

Parent/Guardian Name **Home Phone#** **Cell Phone#**

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**

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#**

Name/Relationship **Home Phone#** **Cell Phone#**

Name of Doctor **Office Address** **Office Phone#**

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**

Westchester gov.com

Department of Social Services
CHILD CARE PROVIDER FORM
CHILD DAY CARE SUBSIDIES
10 County Center Road -2nd Floor
White Plains, New York 10607

Provider MUST complete this form. It will establish that the child care you provide is legal under the laws of New York State. ***PAYMENT WILL ONLY BE MADE AFTER THE CHILD CARE YOU PROVIDE HAS BEEN ESTABLISHED TO BE LEGAL.***

1) Provider's Name: The Neighbor Hood Kids Achievement Program
SITE Address: 135 Locust Hill Avenue
Yonkers, NY 10701
Telephone #: (914) _____ **Cell #:** 914-513-8898

Provider MAILING Address 420 Palisade Avenue, Unit 3D
IF DIFFERENT FROM SITE ADDRESS Yonkers , NY 10703
S.S # OR Vendor #: 149478

Case Name: _____
Address: _____
_____
Telephone # Home & Cell: (**)** _____
Case / S.S No. : _____

2) Anticipated start date of care or the date you are seeking payment for: September 7, 2026 to June 23, 2027 **(DATE IS REQUIRED)**

PLEASE provide information requested below for EACH CHILD ON THIS CASE in your care.

Child's Name	Child's Age	Time & Number of Day (s) in Care														Number of Hours Per Day	Total Hours Per Week	Amount You Charge Per Week	Providers Relationship to The Child
		M		T		W		TH		FR		SAT		SUN					
		In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out				
(SAMPLE) John Doe	6	8 AM	4 PM	8 AM	4 PM	10 AM	5 PM	10 AM	5 PM	NA	NA	11 AM	6 PM	NA	NA	7	49	$495.00	Aunt
		3pm	6pm	3pm	6pm	3pm	6pm	3pm	6pm	3pm	6pm					3	15	$230.00	Provider
Non-School		8am	6pm	8am	6pm	8am	6pm	8am	6pm	8am	6pm					10	50	$325.00	Provider

COMPLETE A OR B BELOW

(A) UNLICENSED INDIVIDUALS COMPLETE THIS SECTION: (Circle One)
I) Are you caring for more than 2 children who are related to you? **YES*** **NO** If yes, complete section 1 (B)
II) Are you under 18 years of age? **YES*** **NO** If yes, complete section 1 (C)
III) Is care provided in the child's home? **YES*** **NO** If yes, complete section 1 (A)

(B) LICENSED / REGISTERED PROVIDERS COMPLETE THIS SECTION
Type of care you provide (check one)
_____ Family Care
_____ Center Based **License Number:** 703238
_____ Group family Day Care **Expiration Date:** 9/25/2028
X School Age Care

(C) IF YOU ARE A LEGALLY EXEMPT PROVIDER OF GROUP DAY CARE, COMPLETE PAGE 2, SECTION 2 ON REVERSE SIDE

***** **THIS FORM MUST BE SIGNED AND DATED BY PARENT & PROVIDER** *****

→ **Providers Signature:** _____ **Date:** _____ → **Customer's Signature:** _____ **Date:** _____

Form # 536 (11/21)

SECTION I
INFORMAL CAREGIVER

SELECT THE STATEMENT AND ANSWERS THAT APPLY TO YOU. THEN SIGN AND DATE THIS FORM IN THE SPACE PROVIDED AT THE BOTTOM OF THE PAGE.

A. ( ) **I provide care in the child(ren)'s home.** I understand that if I provide care for more than 4 hours a day and more than 4 hours a week I am entitled to received minimum wage and other applicable employee benefits. I understand that the person who hired me is responsible for the difference between minimum wage and the amount the County Department of Social Services can pay.

B. ( ) **I provide care in my home and:**

_____ I am (Circle one) th e grandparent , great grandparent, great great grandparent , aunt/ uncle, great aunt/ great uncle, brother/ sister or first cousin of all the children in my care.

_____ I provide care for no more than two children in my home (not counting my own children and not counting children who are over 14 years of age).

_____ I provide care for 3 or more children. However, I never have more than 2 children in care at the same time for more than 3 hours.

C. ( ) **I am under 18 years of age.** I understand that I can only be paid if I can check one of the statements below because it is true.

_____ I have working papers and I do not provide care during the hours I an supposed to be in school; **AND** I am 14 or 15 years old and I work no more than 3 hours per day and less than or equal to 18 hours per week while school is in session; **AND** I don not provide care between the hours of 7: 00 PM and 7:00 AM.

_____ I have working papers and I do not provide care during the hours I an supposed to be in school; **AND** I am 16 or 17 years old and I work no more than 4 hours per day and less than or equal to 28 hours per week while school is in session; **AND** I don not provide care between the hours of 10: 00 PM and 6:00 AM.

For the following questions, **CIRCLE** the answer which applies to you

I **(allow) (do not allow) the parents or legal guardians of the children listed on the front side of this form unlimited and on demand access to their children; to written records regarding their children; and to myself and the premises when ever their children are in care.**

I **(have) (have not) received all fees from the parents or legal guardian which are due to me as of this date.**

Provider's Signature: _____ **Date:** _____

Parent's Signature: _____ Date: _____
THIS FORM MUST BE SIGNED BY PARENT & PROVIDER

SECTION 2
REGISTERED FAMILY DAY CARE, LEGALLY EXEMPT, OR LICENSED GROUP PROVIDERS/LICENSED DAY CARE CENTER

SELECT THE STATEMENT AND ANSWERS THAT APPLY TO YOU. THEN SIGN AND DATE THIS FORM IN THE SPACE PROVIDED AT THE BOTTOM OF THE PAGE.

( ) A nursery school, pre-kindergarten or day care program for children three years of age or older operated by a public school district or by a private school or academy which is providing elementary or secondary education or both in accordance with compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

( ) A program for school-aged children conducted during non-school hours operated by a public school district or by private school or academy which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

( ) A nursery school or program for pre-school- aged children which provides services to children for three or less hours per day.

( ) A Summer camp operated in accordance with Subpart 7-2 of the State Sanitary Code and holds a valid permit from the Department of Health. Attach a copy of your permit to operate a summer day camp.

( ) A day care center, family day care home or other child are program located on federal or tribal property and operated in compliance with applicable federal or tribal laws and regulations.

(X) If none of the above describes your Program, you may need to be licensed. Westchester County DSS can not pay you until you provide documentation of your License. For more information call (914) 995-6521.SACC

( ) I am registered by the NYS Department of Social Services to provide child care services in my home or this is a NYS Licensed Group Day Care Center.

( ) DAY CARE CENTER

For the following questions, **CIRCLE** the answer which applies to you

I **(allow) (do not allow) the parents or legal guardians of the children listed on the front side of this form unlimited and on demand access to their children; to written records regarding their children; and to myself and the premises when ever their children are in care.**

Provider's Signature: _____ **Date:** _____

Parent's Signaturre: _____ Date: _____
THIS FORM MUST BE SIGNED BY PARENT & PROVIDER