



Laurie Petroske, Executive Director
 North Shore Before/After School Enrichment Program
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REGISTRATION FORM 2021 - 2022 SCHOOL YEAR

In our 17th year, Sea Cliff, Glenwood Landing, and Glen Head Elementary School Cafeterias are sites for the Before/After School Enrichment Program. A Not-for-Profit, the program is open when school is in session, ½ Days of School and Parent / Teacher Conference Days, to students **Grades K – 5** enrolled in the NS Central School District.

Our **Enrichment Program** includes guidance /materials to complete daily homework assignments, outdoor recreation, Art Clinics, Science Rocks! Program, Ceramics & Gardening Classes, Builders Club, Pizza ‘n Paperbacks Literacy Program & Charity Events. Introducing NS Sports Club with Baseball, Soccer & Flag Football. Parents will pack their child’s breakfast or afternoon snack.

Each program is open from **7:00 AM until the start of school @ 8:30 AM** and **from dismissal at 2:40 until 6:00 PM**. We offer a flexible schedule: choose from 1 to 5 days per week, mornings and / or afternoons OR on an “as needed” basis.

Morning Session:

\$7.75 per session per student if dropped off between 7:31 – 8:15 AM
 \$15.00 per session per student if dropped off between 7:00-7:30 AM

Afternoon Session:

\$15.50 per session from dismissal @ 2:40 PM – 4:00 PM
 \$27.50 per session per student from dismissal @ 2:40 – 4:01-6:00 PM

Half Days of School, Parent/Teacher and Supt’s Conference Days:

\$13.25 per hour per student
 20% sibling discount - always

To register, please complete this form (one form per student enrolled), complete w/signature, and Mail/Scan/Email it, along with the annual **\$90.00 registration fee check per child** (no sibling discount on registration fee), AND Health Attestation Form to the address above

REGISTER NOW – PLEASE PRINT CLEARLY!

Student Name _____ Date of Birth _____

Parent(s) / Guardian _____

Home Address _____

City _____ Zip Code _____

EMAIL address for billing: _____ @ _____

Grade / Teacher / School _____ / _____ / _____

Exact Start Date: _____

Scheduled Mornings / Afternoons:

Mon AM _____	Arrival time: _____
Tue AM _____	_____
Wed AM _____	_____
Thur AM _____	_____
Fri AM _____	_____

Mon PM _____	from dismissal until: _____
Tue PM _____	until: _____
Wed PM _____	until: _____
Thur PM _____	until: _____
Fri PM _____	until: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	Child's Full Name:		Date of Birth: / /	Gender:	
	Preferred Name/Nickname:				
	Child's Home Address:				
	Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
Phone Number(s) of Person Enrolling Child: () - <input type="checkbox"/> ok to text			Address of Person Enrolling Child (if different than child):		
Email Address:					
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	Primary Contact:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
For Program Use Only Date of Enrollment: / /			For Program Use Only Date of Disenrollment: / /		

Child's Full Name:		Date of Birth: / /
Check boxes below to indicate if your child has any special needs/services:		
<input type="checkbox"/> Early Intervention/Special Education	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Allergies (list) _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> None
Child's Primary Care Physician's Name/ Group:	Phone Number: () -	
Preferred Hospital:	Phone Number: () -	
Child's Dental Care:	Phone Number: () -	

Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <https://nystateofhealth.ny.gov/>

AGREEMENTS	
<ul style="list-style-type: none"> • I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/> Yes <input type="checkbox"/> No 	
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

