



Michael Lynch, Executive Director  
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## PRE-K REGISTRATION FORM 2024 - 2025 SCHOOL YEAR

In our 21<sup>st</sup> year, the Sea Cliff, Glenwood Landing and Glen Head Elementary School Cafeterias are the sites for the Before/After School Enrichment Program. The program is open when school is in session, ½ Days of School and Parent / Teacher Conference Days, to Pre-K Students enrolled in the NS School District Universal Pre-K Program.

Our Program includes outdoor recreation, Arts and Crafts, Board Game, Puzzle and Building Centers, Dramatic Play Center, a monthly calendar of special events and socialization with friends!

Each program is open from **7:00 AM until the start of school @ 9:00 AM** and **from dismissal at 2:00PM 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:**

\$8.50 per session per student if dropped off between 7:31 – 8:55 AM  
 \$15.75 per session per student if dropped off between 7:00-7:30 AM

**Afternoon Session:**

\$16.50 per session from dismissal @ 2:00 PM – 4:00 PM  
 \$28.50 per session per student from dismissal @ 2:00 – 4:01-6:00 PM

Half Days of School, Parent/Teacher Conference Days:

\$13.75 per hour per student

20% sibling discount – always

To register, please complete this entire form (one form per student enrolled), complete w/signature, and mail it along with the annual registration fee check (no sibling discount on registration fee) to the address at the top of this form or Scan/Email the forms, to NSbefore.after@gmail.com. The Registration fee can also be paid online after the forms are received. Registration Fee: \$90.00 if registered Before August 1. \$100 AFTER August 1.

**REGISTER NOW – PLEASE PRINT CLEARLY!**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) / Guardian \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

EMAIL address for billing: \_\_\_\_\_ @ \_\_\_\_\_

School \_\_\_\_\_

Exact Before/After School 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:<br><input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____<br><input type="checkbox"/> Other _____ |         |

|   |  |
|---|--|
| Phone Number(s) of Person Enrolling Child:<br>(   )   - <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<br><input type="checkbox"/> No | <input type="checkbox"/> ok to text | <input type="checkbox"/> ok to text |
|                |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> ok to text | <input type="checkbox"/> ok to text |
|                |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> ok to text | <input type="checkbox"/> ok to text |

|   |  |
|---|--|
| For Program Use Only<br>Date of Enrollment:   /   / | For Program Use Only<br>Date of Disenrollment:   /   / |
|---|--|

|                    |                |
|--------------------|----------------|
| Child's Full Name: | Date of Birth: |
|                    | / /            |

**Check boxes below to indicate if your child has any special needs/services:**       None

Early Intervention/Special Education   
  Occupational Therapy   
  Speech/Language   
  Physical Therapy

Allergies (list) \_\_\_\_\_

Other \_\_\_\_\_

|   |               |
|---|---------------|
| 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**
- I consent to emergency medical treatment for my child.....  Yes    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.....  Yes    No
  - I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....  Yes    No
  - I provided information on my child's special needs to the program to assist in caring for my child.....  Yes    No
  - I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....  Yes    No
  - I agree to review and update this information whenever a change occurs and at least once every year.....  Yes    No

|  |       |
|--|-------|
| SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE: | DATE: |
|  | / /   |