



Laurie Petroske, Executive Director
 North Shore Before/After School Enrichment Program
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REGISTRATION FORM 2020 - 2021 SCHOOL YEAR

In our 16th 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, Arts ‘n Crafts, Science Rocks! Program, Board Game / Puzzle Center, Pottery & Jewelry Classes, Lego Club, Pizza ‘n Paperbacks Literacy Program, Charity Events, Computer Class, Cooking Class and socialization with friends! 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. We do not accept “drop-ins” or “as needed” this school year.

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:

\$15.00 per session from dismissal @ 2:40 PM – 4:00 PM
 \$27.00 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 (please check sessions requested and time of arrival and pick up):

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: / /
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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:
	/ /

