

The Harrison Children's Center After School Program

Registration Packet



Debbie Imperia
Executive Director
914-835-4271

Angela LaSorsa
Director
Harrison Avenue
(914) 643 – 8754

Gina D'Amore
Director
Parsons
(914) 484 – 0394

Karla Franco
Director
Preston
(914) 826 – 6899



Harrison Children's Center After School Program Registration Packet Checklist

Before you hand in the registration packet, please use the checklist to make sure that you have included all necessary information and forms.

- Medical Forms (Immunization Records)
- Registration Form is filled out completely (**including email**)
- The registration fee- A check for \$75.00 prior to June 30th, \$100 June 30th – July 15th, \$150 After July 15th payable to The Harrison Children's Center
- Required parent and child information sheet is completed.
- Emergency Information Sheet is filled out completely.
- You and your child sign the Handbook Acknowledgment and Behavior Policy page.
- State Registration – Blue Cards
- Parent and child information survey is completed
- Parent – School Agreement

Signature

Date



Registration Form

Hours of Operation: 3:00 – 6:00 p.m.

(A 5:45 pick up is appreciated to allow HCSD custodial staff to close cafeteria)

Registration Fee is \$75 by June 30th or June 30th – July 15th \$100 after July 15th \$150

Tuition Schedule

5 Days a week	\$445.00 month	2 Days a week	\$185.00 month
4 Days a week	\$360.00 month	1 Day a week	\$125.00 month
3 Days a week	\$270.00 month	Drop-in	\$35.00 per day

Payment is due by the 10th of each month. All half day dismissals are included in the monthly rate for regularly scheduled days. The exception is for Kindergarten ½ days in September. Please note: **Our program is tuition based and payment is expected for the days your child is contracted.** Additionally you are responsible for snow days. Please be punctual at pick up or there will be a late pick up fee of \$25.00.

Child's Name: _____ Birth Date _____

Child's Elementary School: _____

Grade: _____ Teacher's Name: _____

Parent's Name: _____

Address: _____

Primary Email address for After School Purposes: (**required*) _____

Cell # _____ Home # _____ Work # _____

Days your child will be attending the After School Program:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Approximate time frame your child will be picked up: _____

I understand that I am responsible for paying tuition for days I have contracted. In the event of absences, tuition will not be refunded.

Parent Signature: _____ Date: _____



Required Parent & Child Information

Child's Name: _____ Birth Date _____

Nickname: _____ Sex: _____

Mother

Name: _____

Home Address: _____

Home Phone: _____

Employer: _____

Business Address: _____

Days at work: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Father

Name: _____

Home Address: _____

Home Phone: _____

Employer: _____

Business: _____

Days at work: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Marital Status: _____

Who is legally responsible for the child? _____

Authorized Emergency Contact/Pickup? (Be sure to include someone who usually knows your whereabouts.)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

Persons **not** authorized to pick up child:

1. Name: _____

2. Name: _____



EMERGENCY INFORMATION

Child's Name: _____ Home Phone: _____
Address: _____
Father's Name: _____ Mother's Name: _____
Employer: _____ Employer: _____
Bus. Address: _____ Bus. Address: _____

Bus. Phone: _____ Bus. Phone: _____
Cell Phone: _____ Cell Phone: _____

List two neighbors or relatives who can care for your child in case of emergency or lateness.

Name: _____
Address: _____ Phone: _____

Name: _____
Address: _____ Phone: _____

Physician's Name: _____
Address: _____ Phone: _____

Other information: allergies, special needs, etc. Please list:

In case of accident or serious illness, I request the Harrison Children's Center contact me. If HCC is unable to reach me, I hereby authorize HCC to call the Physician indicated and follow his/her instructions. HCC may make any arrangements that are necessary for my child's health and well-being.

Signature of Parent/Guardian _____ Date: _____



Handbook Acknowledgement

Please read the Harrison Children's Center After School Handbook. Once you have read the handbook please review pertinent information with your child. In order for our program to run smoothly it's important that everyone understands the guiding principles of our After School Program. If you have any questions or suggestions regarding the Handbook please feel free to discuss them with your director.

Behavior Policy

Our After School Programs are committed to creating an environment in which children can develop the basic values of respect, caring, honesty and responsibility. Our philosophy is to foster positive self-esteem. This enables children to learn how to develop appropriate behavioral limits in a variety of situations.

The Harrison Children's Center offers an environment where all children and staff feel respected, safe and secure. Parents will be notified if a child is disruptive, engages in dangerous behaviors, use of inappropriate language or bullies staff or children. Such behaviors will be discussed with both the student and the parent/guardian. If these behaviors persist, this will result in a suspension and/or removal from the program. The Harrison Children's views the safety of our staff and all children a top priority. Please be sure to discuss this policy with your child so everyone involved is aware of what is expected while attending our program.

I have read both the After School Program Handbook and Behavior Policy. I have reviewed them with my child and agree to adhere to the above.

Parent/Guardian Signature

Date

Student's Signature

Date



Parent- School Agreement

- 1) The following is your child's Monthly fee \$_____
- 2) The tuition for all programs is due the first ten days of the month.
- 3) There will be no refund if your child is absent from the HCC.
- 4) As stated in the child/parent information sheet:
No person or persons other than those specifically authorized by the child's parents will be allowed to pick up a child unless he/she has a note written and signed by the parent. Proper identification must be provided at pick up. (Picture I.D.)
- 5) I give my permission to The Center for the following:
 - a) To allow my child to leave the center to go on field trips neighborhood walking trips, and to use Harrison's public parks.
 - b) To seek emergency medical treatment for my child in case I am unavailable when such treatment is needed.
 - c) To allow my child to appear in photographs taken by the center and to allow any pictures of my child to be released for publication in newspapers, brochures and our website.
 - d) I am responsible for transporting my child to and from the Center and will not hold the Harrison Children's Center responsible for my child during that time.
 - e) Include my child's name, address, and phone number on a center list for the exclusive use of current center families

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT, AND THAT YOU ARE WILLING TO ABIDE BY THE TERMS THEREOF. THE CENTER WILL NOT BE RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.

I further understand that this agreement will expire on June 30, 20____

Signature of Parent/Guardian: _____ Date: _____