

**The Harrison Children's Center
After School Program**

Registration Packet



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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**
- **The registration fee- A check for \$50.00**
- **Required parent and child information sheet is completed**
- **Emergency Information Sheet is filled out completely**
- **Read HARRISON CHILDREN'S CENTER AFTER SCHOOL PROGRAM HANDBOOK and sign the letter stating that you have read and understand the handbook**
- **State Registration – Blue Cards (2)**
- **Behavior policy is signed by you and your child**
- **Parent and child information survey is completed**
- **Parent – School Agreement**

Signature

Date

Harrison Children's Center After School Program Registration Form

Registration Fee is \$50.00 by August 1st, \$100.00 after August 1st

Tuition Schedule

5 Days a week	\$400.00 month	2 Days a week	\$160.00 month
4 Days a week	\$320.00 month	1 Day a week	\$100.00 month
3 Days a week	\$240.00 month	Drop-in	\$ 30.00 day

All Half Day Dismissals (except Kindergarten in September)

are included in monthly rate Full Day: \$45.00 additional

The program is tuition based; **payment is expected for the days your child is contracted for**. You are responsible to pay for snow days. Our After School Programs provide children with a variety of social and recreational activities at the end of their school day. A healthy snack is provided. **Payment is due by the 10th of each month**. There will be a late pick-up fee charge of \$20.00.

Childs Name: _____

Child's School: _____

Grade: _____ Teacher's Name _____ Classroom # _____

Parents Name: _____ Email: _____

Address: _____

Cell# _____ Home # _____ Work # _____

Days your child will be attending the After School Program:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

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: _____

Father

Name: _____

Home Address: _____

Home Phone: _____

Employer: _____

Business Address: _____

Days at work: _____

Occupation: _____

Marital Status: _____

Who is legally responsible for the child? _____

Persons authorized to pick up child:

1. _____

2. _____

3. _____

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

1. _____

2. _____

3. _____

Who should we call in case of an emergency? (Be sure to include someone who usually knows your whereabouts.)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Harrison Children's Center
After School Program

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: _____

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: _____

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

Permission is granted to HCC to take my child on local trips, i.e. bowling, ice-skating, library, swimming, neighborhood walks, etc.

Signature of Parent/Guardian _____ Date: _____

Permission is given to have my child appear in media coverage approved by HCC.

Signature of Parent/Guardian _____ Date: _____

Handbook Acknowledgement

Dear Parents,

Please read the Harrison Children's Center After School Program Handbook. Once you have read and understand the policies, please sign your name below. It is imperative that we are all familiar with the rules and guiding principles of the After School Program. If you have any questions or comments regarding the Handbook please feel free to discuss them with your director.

Thank you,

The Harrison Children's Center

I have received and read the Harrison Children's Center After School Program Handbook. I understand the policies and requirements stated in the Handbook.

Parent/Guardian Signature

Date

Student's Signature

Date

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 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. Tuition will not be refunded. The Harrison Children's Center 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 the Behavior Policy and agree to adhere to the above.

Parent/Guardian Signature

Date

Student's Signature

Date

Harrison Children's Center
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 for fundraising or public relations.
 - 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.
- 6) I give the center permission to contact my child's previous center/nursery school and physician.
- 7) I give permission to the Center to 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: _____