

Healthy Kids Extended Day Program

2014-2015 Registration Packet

New York City, Peekskill, Poughkeepsie City and Yonkers Schools

Admin offices: 565 Union Avenue New Windsor, NY 12553 www.HealthyKidsProgram.org

Welcome to the Healthy Kids Extended Day Program. We understand that child care is one of your most important decisions and we're glad that you have chosen the Healthy Kids Program to meet your childcare needs.



We're here to help you in any way. If you need any information or have any questions, just e-mail us or call us at 845 568 6100.

The Healthy Kids Before/After School program is one of the largest, most experienced and highest quality providers of extended day child care in New York with programs in dozens of elementary schools in Brooklyn, Dutchess, Orange, and Westchester counties. Our directors and staff are highly skilled, background-checked and credentialed. NYS Office of Children and Family Services licenses and oversees our programs. We gladly accept DSS and ACS.

First, let me introduce our team.

- For programs in NYC or Westchester County, e-mail Vicki Luongo, Regional Director at Vicki@HealthyKidsProgram.org or call (845) 568-6100 ext 1001 or (914) 361-4160
- For programs in Dutchess or Orange Counties, e-mail RaeAnne Nocera, Regional Director at RaeAnne@HealthyKidsProgram.org or call (845) 568-6100 ext 1004 or (914) 361-4160
- Jeanne Martin is the Registration Director & DSS Specialist, e-mail Jeanne@CommunityFitnessCenter.com or call (845) 568-6100 ext 1002

Sincerely yours,

The Healthy Kids Extended Day Program Team

P.S. Register before August 15th and **pay nothing** until the Wednesday before the first week of the program.

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This application is for the programs at the following locations:

NEW YORK CITY PROGRAMS		
BROOKLYN SCHOOLS		
PS 75, Brooklyn		After school until 6pm
PS 185, Brooklyn		After school until 6pm
PS 446, Brooklyn		After school until 6pm
DUTCHESS COUNTY PROGRAMS		
POUGHKEEPSIE CITY SCHOOL DISTRICT		
WW Smith ELC	Pre-k & Kindergarten: AM Program: 8:10AM- 12:05PM PM Program: 11:10AM- 3:00PM	After school until 6pm
WESTCHESTER COUNTY PROGRAMS		
PEEKSKILL SCHOOL DISTRICT		
Woodside	Before school as early as 7am	After school until 6pm
Oakside		After school until 6pm
Hillcrest		After school until 6pm
YONKERS SCHOOL DISTRICT		
Cornell Academy		After school until 6pm
Cross Hill Academy		After school until 6pm
Dichiaro School		After school until 6pm
Montessori 27		After school until 6pm
Pulaski Elementary School		After school until 6pm
School 21		After school until 6pm

Summary of Fees, See pages 6 and 7 for more fee details

After school fees, until 6pm			
After school fees (until 6pm)	After School Fees (Siblings save 10%)	After School Fees for families qualifying for reduced lunch	Fees for families qualifying for free lunch
5 days/week	\$90/week	\$75/week	\$60/week
4 days/week	\$75/week	\$65/week	\$55/week
3 days/week	\$60/week	\$55/week	\$45/week
2 days/week	\$50/week	\$45/week	\$35/week
1 day/week	\$35/week	\$30/week	\$30/week

Please see
pages 6
and 7 for
pre-k fees

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GENERAL INFORMATION

- Healthy Kids Extended Day Programs offers 1, 2, 3, 4 and 5 day a week options.
- There are reduced fees for families qualifying for free or reduced lunch.
- Children eligible to participate in the Healthy Kids Extended Day Program must be registered in elementary school or a pre-k program.
- The fees are collected on a bi-weekly basis and are averaged out for all the scheduled school days.* Consequently, the bi-weekly rate is the SAME whether there are 10 school days in the upcoming two weeks or fewer school days. Collection days INCLUDE school days off and the two week periods including Winter and Spring break. For more info on fees see page 7.
** The Healthy Kids rate per day is \$21.00. The weekly tuition is \$90.00, which breaks down to \$18.00/per day to average out for the days that the program is not in session (ie Winter Recess, Spring Break, etc.).*
- Prior to beginning any Healthy Kids Program, all children are *required* to have a complete application on file including their medical history.
- All Pre K students must also provide immunization records.
- The program follows the schools district calendar and will not run on any days that the school is closed unless otherwise noted.
- Healthy Kids is unable to provide supervision of students whose personal needs are greater than regulated staffing ratios allow.
- If your school district makes the decision to dismiss school early (early dismissal) due to snow or other unscheduled event, the Healthy Kids After School program will be cancelled. If your school district has a delayed opening, the Healthy Kids Before School program is cancelled.
- Please call the public school phone number and listen to recording for closing updates or check the district's website. Healthy Kids will not make calls to inform you of any last minute emergency school closings.
- The Healthy Kids Extended Day Program operates under a license from the NYS OCFS which oversees and regulates childcare programs. Among the requirements of the license is a full background check of all staff (including fingerprinting).
- We gladly accept DSS and ACS. Our Westchester DSS vendor # id is 147960. Our Dutchess DSS vendor # id is SAC66763. Contact us for the ACS number.

PARENT HANDBOOK

You'll find lots more information in the parent handbook. You can find a printable version of the Parent Handbook on our website, www.healthykidsprogram.org and you will receive a copy via e-mail as part of your registration confirmation correspondence.

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We ask all parents to go over this code of conduct with enrolled children. We place a high importance on all students treating others in a positive, respectful way. We follow a progressive discipline philosophy and will bring the parent in early in the process.

Healthy Kids Extended Day Program Code of Conduct

- We will always place safety first; which will mean regular buddy checks, safety drills and procedures to ensure child safety. Safety procedures are to be treated with utmost importance.
- Children are expected to be respectful, honest and kind. Use positive language, be gracious competitors, show good sports etiquette and share
- Be considerate to others and to the environment by cleaning up after yourselves.
- In a group situation, please no talking while someone else is speaking, always raise your hand if you have something to contribute and use inside voices indoors.
- Follow your program staff's directions, if you do not understand, ask questions!!!
- No violence, throwing things, rough housing, profanity or demeaning language.
- Always engage a program staff person to settle an issue between students. Don't take matters into your own hands.

Consequences of not following code of conduct

- The Director will determine disciplinary action after staff reports incidents. Consequences may include (1) a gentle reminder (2) a few minutes aside from group activity (3) call guardian and leave for the day (4) child will be removed from the program with no refund.
- Healthy Kids Extended Day Program reserves the right to immediately dismiss any child from the program for extremely disruptive behavior, for behavior placing a student/staff safety in jeopardy or any violence. Examples include but are not limited to: (1) intentionally hurting another child (2) stealing (3) refusing to comply with a safety directive (4) violence, etc.
- We have zero tolerance for violence and believe that there are no reasons or circumstances that call for violence. We require children to bring issues to staff person's attention for help in solving them before it escalates to violence. Any child who harms another will be expelled, WITH NO REFUND of tuition. This includes pushing, biting, and kicking, etc.

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We take child safety very seriously and use our rules and a code of conduct to help make sure your child is as safe as absolutely possible.

EXTENDED DAY PROGRAM RULES AND REGULATIONS

- All parents/guardians must follow proper sign in and sign out procedures. We cannot overstate how important this is. If child (ren) is leaving with an approved person but someone other than their parent/guardian, photo identification must be presented.
- Children cannot attend program if they have a fever or contagious illness.
- Parents will be notified, and children must be picked up in the event of illness.
- We use the Rule of Three when the program is running. All children must be accompanied by TWO other individuals including a staff person. No exceptions.
- Children must stay with group/leader at all times and must participate in the Rule of Three when using the restroom.
- Appropriate attire must be worn at all times. Please label all children's items.
- Lunch will be provided daily for pre-k students and healthy snacks will be provided daily for after school children.
- Please leave all electronic devices at home. The only exception is cell phones which are to remain in the child's book-bags and are only to be used for emergency communication with parent/guardian.
- Please note there are no refunds or credits given for days not attended, or for cancelled enrollment without proper notification.
- Attendance is specific to days of enrollment. There is no "switching days" or "making up days" due to a holiday, school cancellation, illness, or parent work schedule.

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PRE-K & KINDERGARTEN WRAPAROUND FEE INFORMATION

Pre-k Fees	Pre-k Fees (Siblings save 10%)	Pre-k Fees for families qualifying for reduced lunch	Pre-k Fees for families qualifying for free lunch
5 days/week	\$110/week	\$90/week	\$70/week
4 days/week	\$95/week	\$80/week	\$65/week
3 days/week	\$80/week	\$70/week	\$55/week
2 days/week	\$60/week	\$50/week	\$45/week
1 day/week	\$40/week	\$35/week	\$30/week

These fees also apply to the half day kindergarten program at WW Smith

BEFORE SCHOOL INFORMATION

Before School Program

7AM Drop off	Before School Fees- 7AM Drop off (Siblings save 10%)	Before School Fees for families qualifying for reduced lunch	Before School Fees for families qualifying for free lunch
5 days/week	\$60/week	\$50/week	\$40/week
4 days/week	\$50/week	\$40/week	\$35/week
3 days/week	\$40/week	\$35/week	\$30/week
2 days/week	\$30/week	\$25/week	\$20/week
1 day/week	\$20/week	\$15/week	\$15/week

8AM Drop off	Before School Fees- 8AM Drop off (Siblings save 10%)	Before School Fees for families qualifying for reduced lunch	Before School Fees for families qualifying for free lunch
5 days/week	\$45/week	\$40/week	\$35/week
4 days/week	\$40/week	\$35/week	\$30/week
3 days/week	\$35/week	\$30/week	\$25/week
2 days/week	\$30/week	\$25/week	\$20/week
1 day/week	\$20/week	\$20/week	\$15/week

AFTER SCHOOL FEE INFORMATION

After School Fees	After School Fees (Siblings save 10%)	After School Fees for families qualifying for reduced lunch	After School Fees for families qualifying for free lunch
5 days/week	\$90/week	\$75/week	\$60/week
4 days/week	\$75/week	\$65/week	\$55/week
3 days/week	\$60/week	\$55/week	\$45/week
2 days/week	\$50/week	\$45/week	\$35/week
1 day/week	\$35/week	\$30/week	\$30/week

Pre-payment plan: save 10%

Pay your entire pre-k or after school tuition in full by August 15th 2014 and **take 10% off your total** tuition PLUS pay no registration fee. Pay in full after August 15th 2014 take 10% off your total tuition and pay a \$25 registration fee.

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KEY INFORMATION ABOUT TUITION AND PAYMENTS

- 1) For all programs there is an annual registration fee:
 - ➔ If you enroll in the automatic payment program, the registration fee is waived as long as you enroll by August 15th 2014; it is \$25/child if you enroll after August 15th, 2014.
 - ➔ There is a \$100/family cap on registration fees, regardless of the number of children.
- 2) Discounts:
 - ➔ Take a 10% off **REGULAR** rates for enrolling in any two programs including before school, after school, pre-k wraparound or kindergarten wraparound.
 - ➔ Sibling discount: first child pays regular rates, all siblings get take 10 % off **regular** rates.
 - ➔ **No discounts off of reduced rates**
 - ➔ Pre-payment plan: **save 10%**. Pay your entire before/after school tuition in full by August 15th 2014 and **take 10% off your total tuition plus pay no registration fee**. Pay in full after August 15th save 10% off your total tuition but pay a \$25 reg fee.
- 3) Automatic payments.
 - ➔ Fees shown are for automatic withdrawal from a checking account. A \$5/payment surcharge is added for automatic payment with a credit card.
 - ➔ Fees are deducted bi-weekly, prior to the week's start. Student cannot attend program without payment. Fees will be pro-rated to reflect actual start date
- 4) Fees are collected every two weeks prior to attendance and on the following dates:
Please note: your first payment may be pro-rated based on your school's start date.

August 27	September 10 & 24	October 8 & 22	November 5 & 19
December 3 & 17 & 30	January 14 & 28	February 11 & 25	March 11 & 25
April 8 & 22	May 6 & 20	June 3 & 17	(pro-rated for remaining days)
- 5) Checks/debits that are returned are charged a \$15 fee per occurrence.
- 6) Proof is required to qualify for reduced rates. You can contact your district's Food Service Office to obtain a letter from them. Please include a copy in your registration packet.
- 7) The fees are collected on a bi-weekly basis and are averaged out for all the scheduled school days.* Consequently, the bi-weekly rate is the SAME whether there are 10 school days in the upcoming two weeks or fewer school days. Collection days INCLUDE school days off and the two week periods including Winter and Spring break. For more info on fees see page 7.
** The Healthy Kids rate per day is \$21.00. The weekly tuition is \$90.00, which breaks down to \$18.00/per day to average out for the days that the program is not in session (ie Winter Recess, Spring Break, etc.).*
- 8) There are no refunds or credits for days missed, snow days or days that the school district cancels our program.
- 9) Attendance is specific to days of enrollment. There is no "switching days" or "making up days" due to a holiday, school cancellation, illness, or parent work schedule.
- 10) We gladly accept DSS. Our Westchester DSS vendor # is 147960. Our Dutchess DSS vendor # is SAC66763. Please contact us for the ACS number.

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REGISTRATION

A. Tell us about the child(ren) you are enrolling

1. Children's Name _____ Age on 9/2 _____
Date of Birth _____ Gender (M or F) Grade _____
School _____ Program Start Date _____
Program Site _____

2. Children's Name _____ Age on 9/2 _____
Date of Birth _____ Gender (M or F) Grade _____
School _____ Program Start Date _____
Program Site _____

3. Children's Name _____ Age on 9/2 _____
Date of Birth _____ Gender (M or F) Grade _____
School _____ Program Start Date _____
Program Site _____

B. Tell us about you and how to contact you.

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Tel. Numbers Home _____ Work _____

Cell number _____ Email _____

Emergency contact Name _____ Phone _____

Name _____ Phone _____

C. Let us know if it's ok to use photos of your child in marketing material.

I grant permission to use photographs of my child taken at the Healthy Kids program for publicity purposes **PLEASE INITIAL HERE** _____.

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D. Who you authorize to pick up your child (ren). Please note we will not release your child to anyone not listed below. Also, if the person who is authorized to pick your child up is not a parent/guardian we will ask for a photo id before releasing your child.

1. Name _____ Phone _____

Relationship to child _____

2. Name _____ Phone _____

Relationship to child _____

3. Name _____ Phone _____

Relationship to child _____

E. Let us know that you agree with our (1) rules and regulations (2) code of conduct and (3) progressive discipline action plan.

I _____ (parent/guardian name) have read the (1) rules & regulations (2) code of conduct and (3) progressive discipline action plan and agree with them.

PLEASE INITIAL HERE _____.

I, for myself and anyone entitled to act on my behalf, waive and release the Healthy Kids Program and its representatives from all claims and liabilities of any kind arising out of participation in this program or related activities. **PLEASE SIGN HERE** _____

Parent/Guardian's Signature Date

I _____ (child(ren)'s name(s)) understand that hitting, using rude language or being mean to others is not allowed in the Healthy Kids Before/After School Program. I understand if I do any of those my parent (s) will be called and I could be expelled.

Child (ren)'s signature(s) _____

Date _____

While homework is an important element of our program, our main focus is on child development. We allow a maximum of 60 minutes for homework each day.. If you would like a lower homework limit for your child, just let us know below.

- My child will NOT do homework while attending the Healthy Kids Extended Day Program.

PLEASE INITIAL HERE _____.

- My child will do homework for a maximum of _____ minutes per day Monday- Thursday.

PLEASE INITIAL HERE _____.

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F. Although medical situations are rare and those that do occur are most often solved with a band aid we need to be prepared for any and every possible contingency.

MEDICAL AUTHORIZATION

In the event of serious illness or injury, I authorize the Healthy Kids Program Staff to obtain necessary emergency medical treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

Child (ren)'s Name (s) _____

Hospital insurance carrier _____

Child's Physician _____

Phone _____ Address _____

Child's Dentist _____

Phone _____ Address _____

If guardian cannot be reached, list contact numbers to be used:

#1 Name: _____ Relationship to Child _____

Home Tel. _____ Cell _____

Alternate Tel. _____

#2 Name: _____ Relationship to Child _____

Home Tel. _____ Cell _____

Alternate Tel. _____

I, _____ (parent/guardian name) have read, understand, and agree with all of the above.

PLEASE SIGN HERE _____

Parent/Guardian's Signature

_____ Date

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Medical History

A separate form must be completed for each child.

*Please note: immunizations and a Doctor-signed physical is required for following schools:
W.W. Smith ELC*

Child's Name _____ Date _____

1. Has your child been under any medical care within the last year? If yes, why?

2. Is your child on any medication? Y or N. If yes, what is the name of the medication(s) _____
Note: ANY CHILD ATTENDING THE PROGRAM WITH EPI PENS OR INHALERS MUST HAVE PRE-APPROVED PERSONAL HEALTH CARE PLAN
3. Is your child allergic to penicillin or any other drugs? Y or N If yes, please list _____
4. Does your child wear any appliances? (Glasses braces, etc.) _____
5. Are there any current conditions that the staff should be aware of? _____
6. Is your child subject to any of the following? (check all that apply)

_____ fainting spells	_____ headaches	_____ tonsillitis
_____ eczema	_____ stomach upset	_____ wetting
_____ abdominal pains	_____ hay fever	_____ convulsions
_____ diabetes	_____ sinus trouble	_____ frequent sore throat
_____ asthma	_____ bronchitis	_____ ear infections
_____ constipation	_____ mood disorders	_____ other, please list _____
7. Does your child suffer from:

_____ lung problems	_____ kidney problems	_____ heart problems
_____ hernia	_____ epilepsy	_____ allergic reaction to bee stings
_____ other allergies, explain _____		
8. Can we administer over the counter ointment like polysporin on your child if necessary? Y or N
8. Please note we are not authorized to administer any medications. The exceptions are epi-pens and inhalers with a pre-approved personal health plan.

PLEASE SIGN HERE _____

Parent/Guardian's Signature

_____ Date

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First Aid Kit - Child Information Summary - Page 1

We keep this form in the first aid kit at the extended day location it has a summary of all your child's important information. We strongly recommend including a photo in the top left hand corner.

PHOTO OF CHILD (Optional)	NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES <i>DAY CARE REGISTRATION</i>			
	Child's Full Name:			
	Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your child allergic to?			
	Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.			
Child's Source of Medical Care/Primary Care Physician's Name:			Telephone Number:	
Child's Source of Dental Care/Dentist's Name:			Telephone Number:	
Name Of Medical Care Facility/Hospital:			Telephone Number:	
Would you like information on Child Health Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
			<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other	

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First Aid Kit - Child Information Summary - Page 2

Provider/Day Care Facility Name and Address: Healthy Kids Extended Day Program Location:	CHILD'S FULL NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	CHILD'S HOME ADDRESS:		DATE OF BIRTH:	
			HOME TELEPHONE NUMBER:	
	DATE OF ACCEPTANCE:	DATE OF DISCHARGE:		
	NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	HOME TELEPHONE NUMBER:
		<input type="checkbox"/> Caretaker	<input type="checkbox"/> Relative	DAYTIME TELEPHONE NUMBER:
			<input type="checkbox"/> Other	
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):			
AGREEMENTS I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates. I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <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 six months. <input type="checkbox"/> Yes <input type="checkbox"/> No				
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE			DATE:	

OCFS-LDSS-0792 (1/2005) REVERSE

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Payment Worksheet

Child (ren)'s name _____

Parent/guardian name _____ Tel Number _____

School _____ Before/After School Program Site _____

Part One: Registration Fee

Please check your payment method for monthly tuition and date of registration

- Automatic tuition payment and registering **by** August 15th, 2014 reg fee = waived
- Automatic tuition payment and registering **after** August 15th 2014 reg fee = \$25/child
- Pay tuition with check, cash or credit card and registering **by** August 15th 2014 reg fee = \$25/child
- Pay tuition with check, cash or credit card and registering **after** August 15th 2014 reg fee = \$75/child

Line A: Registration fee per child = _____

Line B: Registration fee x number of children (150/family cap) = _____

Please note:

- If you have any questions about the automatic payment plan, e-mail Lorie at Lorie@CommunityFitnessCenter.com
- If at any time you switch from automatic payment plan to NON-automatic payment plan you must pay the difference in registration fees from what you paid at the beginning and the prevailing rate.
- Pre-payment plan: **save 10%**. Pay your entire before/after school tuition in full by August 15th and **take 10% off your total tuition plus pay no registration fee**. Pay in full after August 15th save 10% off your total tuition but pay a \$25 reg fee.
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Part two: tuition

First Child's Name _____

- Pre-k Program (and Kindergarten program at WW Smith)
 - o Pre-k/K location: (fill in) _____ (see page 2 for location list)
 - o Select program - (circle one) am program pm program
 - Select days: (circle days) Mon Tues Wed Thurs Fri
 - o **Pre-k/K Tuition** _____
- Before School Program - Woodside Only
 - o Select days: (circle days) Mon Tues Wed Thurs Fri
 - o Select 7AM or 8AM Drop off
 - o **Before School Tuition** _____
- After-school Program:
 - o After school location: (fill in) _____ (see page 2 for location list)
 - Select days: (circle days) Mon Tues Wed Thurs Fri
 - o **After School Tuition** _____

First child's tuition:

Line C: Total Pre-k/K, before and/or after school tuition = _____

Line D: 10% discount for any TWO programs (Pre K & After school, OR Before & After school) - _____
Discount off regular rates only, no discount off reduced rates

Line E: \$5.00 surcharge if you elect to pay automatically by credit card instead of electronically through checking- + _____

Line F: First child discounted sub-total (lines C - D + E = F) = _____

Proof required to qualify for reduced rates

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Sibling Name _____ (Use a separate sheet for each sibling)

- Pre-k Program (and Kindergarten program at WW Smith)
- Pre-k/K location: (fill in) _____ (see page 2 for location list)
 - Select program - (circle one) am program pm program
 - Select days: (circle days) Mon Tues Wed Thurs Fri
 - Pre-k/K Tuition _____
- Before School Program - Woodside Only
- Select days: (circle days) Mon Tues Wed Thurs Fri
 - Select 7AM or 8AM Drop off
 - Before School Tuition _____
- After-school Program:
- After school location: (fill in) _____ (see page 2 for location list)
 - Select days: (circle days) Mon Tues Wed Thurs Fri
 - After School Tuition _____

Sibling tuition:

Line G: Pre-k/K, before and/or after school tuition for sibling = _____

Line H: 10% discount for any TWO programs (Pre K & After school, OR Before & After school) - _____

Discount off regular rates only, no discount off reduced rates

Line I: 10% discount for sibling discount - _____

Discount off regular rates only, no discount off reduced rates

Line J: Sibling discounted sub-total (lines G-H-I = J) = _____

Proof required to qualify for reduced rates

Healthy Kids Extended Day Program

2014-2015 Registration Packet

New York City, Peekskill, Poughkeepsie City and Yonkers Schools

Admin offices: 565 Union Avenue New Windsor, NY 12553 www.HealthyKidsProgram.org

Automatic Payment Authorization Form: Authorization Agreement for Direct Payments (ACH Debits)

Parent/Guardian Last Name	First
E-mail address	Day Phone
Child/Children's Name	

To
Registration
Staff:
Please
forward this
form to
Lorie.
Make sure to
attach a
voided check

Extended Day Program School Site	Weekly Debited Amount
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I (we) hereby authorize Healthy Kids Extended Day Program, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account/ _____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

For those choosing automatic payment through checking/savings account: *Please attach voided check to this form*

Please check here if your checking account is already on file and unchanged. If so, there is no need to give us your banking info or voided check.

Depository name _____	Branch _____
City _____ - ____	State _____ Zip _____
Routing number _____	Account number _____

For those choosing automatic payment through a credit card:

Name on credit card _____	Type of card _____
Billing address _____	
Card number _____	Expiration Date _____ Security code _____

This authorization is to remain in full force and effect while your child is enrolled in the 2014-15 Before/After School program until COMPANY has received **written** notification from me (or either of us) **3 weeks in advance** of its termination in such time and in such manner as to afford COMPANY and depository a reasonable opportunity to act on it. Please submit written notification of any termination or changes to Lorie Coombs at Healthy Kids Extended Day Program, 565 Union Avenue, New Windsor, NY 12553 or e-mail to Lorie@CommunityFitnessCenter.com

_____ Name(s) (please print)	_____ Signature	_____ Date
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NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.