

Jackie Gurbey, Child Care Director
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518-237-7523 (phone) 518-237-7524 (fax)

SCHOOL _____
START DATE _____
AM _____ PM _____

Female
 Male

**COHOES COMMUNITY CENTER
SCHOOL AGE CARE REGISTRATION
2016-2017**

Full Name of Child _____ Date of Birth ___/___/___

Address _____ Zip _____ Phone _____

Mother or Guardian _____ Home Address _____

Employment _____ Work Address _____

Phone _____ Hours _____ Email Address _____

Father or Guardian _____ Home Address _____

Employment _____ Work Address _____

Phone _____ Email Address _____

EMERGENCY CONTACT/AUTHORIZED PICK UP (do not list parents of the child)

1. Name _____ 2. Name _____

Address _____ Address _____

Phone # _____ Phone # _____

3. Name _____ 4. Name _____

Address _____ Address _____

Phone # _____ Phone # _____

SCHOOL AGE INFORMATION

Elementary School Attending _____ **Grade** _____

Swimming: I give my child _____ permission to swim on full days of care at the Cohoes Community Center swimming pool. Yes ___ No ___ Please describe child's ability to swim _____

Homework: I would like my child to be given the opportunity to do homework at the program with staff guidance: Yes ___ No ___

Photo Release: May we use your child's photo/picture and/or name for publications, website and/or marketing purposes: Yes ___ No ___

I give consent for my child to take part in neighborhood trips (i.e. park and playground) away from the facility under proper supervision. Yes ___ No ___

OFFICE USE ONLY

Registration Paid _____ Security Deposit Paid _____ Date Paid _____

Weekly Parent Fee _____ Received Parent Handbook (initial) Yes ___ No ___

Cohoes Community Center
22-40 Remsen Street
Cohoes, New York 12047

CONSENT AND CONTACT FORM

This form is to be completed and signed by the child's parent or legal guardian.

Name of child _____

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent (if applicable) or the legal guardian at the telephone number's provided below:

Parent or legal guardian's name _____

Telephone Numbers _____ on _____ hours/days
_____ on _____ hours/days

Parent or legal guardian's name _____

Telephone Numbers _____ on _____ hours/days
_____ on _____ hours/days

In the event that I or the other persons listed assigned by me are not available, I give my permission (as parent or legal guardian) to the caregivers to provide first aid for the child named above. I also give permission to take the appropriate measure including contacting the **emergency medical services (EMS) to arrange transportation to:**

_____ or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility.

Parent or legal guardian's signature Date _____

*******IMPORTANT PARENT INFORMATION*******

If custody is established through Family Court, **ALL** papers regarding visitation and primary physical custody **MUST** be on file with the Cohoes Community Center's School Age Program before enrollment of your child. Any changes in the original papers submitted must be updated with the School Age Program immediately.

HEALTH HISTORY

Child's Name _____

Date _____

Child's Physician _____

Phone # _____

Emergency Hospital Preference _____

Phone # _____

Hospital Address _____ Dentist _____

Does your child have any medical conditions or behavior disorders we should be aware of? _____

Is your child on any medication on a daily basis? _____ If yes, please list medications, condition for which it is being prescribed and dosage.

Med _____ Dosage _____ To Treat _____ Side Effects _____

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Has your child ever been hospitalized? _____ If yes, for what? _____

Has your child had any serious accidents? _____

Does your child have any **medication allergies**? Yes _____ No _____

Does your child have any **food allergies or special diet**? Yes _____ No _____

Do you know what the allergy is caused by? _____

Signs of reaction: Difficulty Breathing _____ Swelling _____ Hay Fever _____

Hives _____ Other _____

Please list any other information that will be helpful in working with your child _____

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Cohoes, NY 12047
518-237-7523 Fax: 518-237-7524

SCHOOL AGE PARENT FEE AGREEMENT

Child's Name _____

Program _____ Start Date _____

Is this a joint account Yes _____ No _____

If yes please list other responsible party

Signature _____

REQUIREMENTS UPON ENROLLMENT:

1. Two week security deposit based on your parent fee.
2. \$10.00 Non-Refundable Registration Fee per family (For New Families Only).
3. First week of care paid prior to start date.
4. A Completed Registration Packet.

CHILDCARE SUBSIDY:

DSS Case Worker _____ Workers Phone # _____ DSS Care # _____

Weekly Parent Fees:

AM ONLY \$40.00 PER WEEK

PM ONLY \$85.00 PER WEEK

AM/PM CARE \$95.00 PER WEEK

FULL DAYS OF CARE

\$35 A DAY OR \$165 FOR FULL WEEK

HALF DAYS OF CARE

\$17.00 PER DAY FOR AM/PM OR PM ONLY CHILDREN

This is an additional charge \$26.00 PER DAY FOR AM ONLY CHILD.
to your weekly fee.

WEEKLY PAYMENT POLICY:

Parents will have the option to decide on paying weekly, bi-weekly, or monthly. Whichever way you decide, you will be paying ahead for care. Ex. If you choose to pay monthly, the entire following month will be paid on the Thursday prior to the first week of the new month.

I/We choose to pay: ___ Weekly ___ Bi-weekly ___ Monthly

YOUR PARENT FEE \$ _____

Payment Policy States:

- Billing Statements will be placed in your child's mailbox at the beginning of each month.
- Weekly parent fees are billed according to the number of Mondays within that month.
- Payments must be received by the Thursday before the next billing week (**you are always paying ahead**).
- Checks/money orders should be written to the "Cohoes Community Center". Please include the child's full name and program in the memo line on your check and money order. There is a \$30.00 fee for all returned checks.

DELINQUENT PAYMENT POLICY:

When you become delinquent on your account, not paying according to your agreement, the following procedure will occur:

- If parent fee is not paid by Thursday, a phone call will be made to you on Friday reminding you that a payment must be made.
- If no payment is received by 12 noon Monday, you will receive a letter stating that you must have two weeks paid by that Thursday.
- If the two week payment is not received by that Thursday, your child/children will be terminated from the program(s) effective that Friday, your security deposit will be applied to the outstanding balance and your account will be reviewed by our accounting office.
- The Cohoes Community Center will review accounts that are delinquent. Unpaid accounts will be turned over to a collection agency if not settled within 30 days of termination and are subject to small claims court.

Parent or Guardian's Signature/Date

Child Care Director/Administrator/Date