

Town of Blooming Grove Recreation

**TOWN OF BLOOMING GROVE RECREATION
REGISTRATION FORM – CHILDREN**

NAME OF PROGRAM _____ TODAY'S DATE _____

1. PARTICIPANT'S NAME _____ AGE _____ BIRTHDAY ___/___/___

2. PARTICIPANT'S NAME _____ AGE _____ BIRTHDAY ___/___/___

3. PARTICIPANT'S NAME _____ AGE _____ BIRTHDAY ___/___/___

LEGAL PARENT'S/GUARDIAN'S NAME _____

ADDRESS _____

HOME PHONE # _____ *CELL # _____

*EMAIL ADDRESS: _____ WORK # _____

HEALTH/MEDICAL RESTRICTIONS _____

LOCAL EMERGENCY NAME AND PHONE # (NOT YOUR OWN) _____

*GRADE/SCHOOL _____

In consideration of the Town granting and continuing permission for use of its facilities, programs, and personnel, I hereby authorize my child, whose name appears above, to participate in the Town of Blooming Grove Recreation program; to travel to and from facilities and events conducted by the department. I hereby release the Town of Blooming Grove and its employees from any liability, claims, damage, or expense sustained by my child in connection with such participation.

In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment – to include evaluation for injuries, X-ray, and any needed care. I understand the group leader will try to contact me in case injury occurs.

I have explained to my child that he/she is to obey the Town of Blooming Grove Staff and to follow rules and regulations set forth by them.

As with all Town of Blooming Grove Recreation Programs, credit is given only if a program is cancelled. Transfer of monies from one program to another is not permitted. There will be no credit or refunds if an instructor leaves during the session and is replaced within two weeks.

Legal Parent/Guardian Signature

FOR OFFICE USE ONLY:

Payment Amount: \$ _____

Cash _____ Check # _____ Money Order# _____ Receipt# _____

LATCHKEY BEFORE & AFTER SCHOOL PROGRAM 2018-2019

WHEN: The **After School Program** will begin the first day of school and run every Monday through Friday, 3:00pm-6:00pm. The **Before School Program** will begin the first day of school and run every Monday through Friday, 7:00am- 8:50am.

WHERE: Taft Elementary School, Toleman Road, Washingtonville, NY

WHO: This program is open to all children in the Washingtonville School District and/or residents of the Town of Blooming Grove. The Town of Blooming Grove tries to include all residents in our programs. There are certain situations, due to staffing and training that sometimes we are unable to accommodate all. These situations will be handled on a case-by-case basis. Transportation will be provided to Taft Elementary School from Little Britain, Round Hill, Washingtonville Middle School, and private and parochial schools by a school bus operating through the school district. **PARENTS MUST ARRANGE FOR TRANSPORTATION FOR THEIR CHILDREN FROM THE PROGRAM AT TAFT AT/OR BEFORE 6PM.**

FEES:

AFTER SCHOOL:

5 DAYS PER WEEK: 1st Child: \$150 per month
Additional children: \$100 each per month

2 OR 3 DAYS PER WEEK: 1st Child: \$100 per month
Additional children: \$75 each per month

BEFORE SCHOOL:

5 DAYS PER WEEK: 1st Child: \$75 per month
Additional children: \$50 each per month

2 OR 3 DAYS PER WEEK: 1st Child: \$50 per month
Additional children: \$25 each per month

****PAYMENTS MUST BE RECEIVED BY THE FIRST SCHOOL DAY OF EACH MONTH. ****

Payments received after the first school day of the month will be charged an additional \$10 late fee. Late and/or missed payments must be received by the 15th of month or your child will not be able to continue in the Latchkey Programs. The Program cost is divided into ten equal payments throughout the school year.

ATTENDANCE: The Latchkey Programs are not equipped and will not follow up or make phone calls to determine the whereabouts of a child who is absent. **If you must reach the coordinator after 3:00pm, call the Recreation office at 914-755-1353 or 496-9201.** In the event that you are running late for pick-up, you **must** make an alternate arrangement! As with the Town of Blooming Grove Recreation Programs, credit is given ONLY if we cancel a program. **“NO REFUNDS”.**

Parent/Guardian Signature

Date

LATCHKEY BEFORE & AFTER SCHOOL PROGRAM 2018-2019

PLEASE READ THIS PACKET CAREFULLY AND SIGN ALL APPROPRIATE PLACES.

UPON REGISTRATION YOU WILL NEED THE FOLLOWING:

- 1. COMPLETED REGISTRATION PACKET AND 1ST MONTHS PAYMENT**
- 2. IF YOUR CHILD ATTENDS A SCHOOL OTHER THAN TAFT ELEMENTARY, YOU WILL NEED TO CALL THE BUS COMPANY AND MAKE APPROPRIATE ARRANGEMENTS.**

There will be no registration fee, but you must pay for the first month when you sign up. All payments are due by the first school day of each month. If your payment is not received by the first school day of the month, you will have a \$10 late charge added to your balance. Payments must be handed in to the Latchkey Director or Site Supervisor or at the Blooming Grove Recreation office. **Checks and money orders will only be accepted at Latchkey. Cash payments must be made at the Recreation office.**

If for any reason your child does not attend the Latchkey Programs, you still owe the full payment unless otherwise discussed with the Town of Blooming Grove Recreation Department Director.

If you are planning to remove your child from the Latchkey Program(s), you must submit a letter of removal in order to cease accrual of fees.

The Before and After School Programs are closed during holidays. The After School Program is closed anytime there is a cancellation of after school activities. However, the Recreation Department will be holding mini camps during extended closures (Spring Break). Payment is expected in full for said days. The Blooming Grove Recreation reserves the right to cancel the Latchkey Programs in the event of inclement weather or in the event of an emergency.

AFTER SCHOOL ONLY: Please utilize the appropriate phone numbers in the event of an emergency or alternate pick-up. In the event you may be late, please make alternate arrangements to pick-up your child on time. Excessive lateness will be penalized with late fees. You will receive a warning after the first late pick-up and be charged a \$15 late fee for any late pick up from that point on.

Recreation Office: 845-496-9201

Transportation Department: 845-497-4000 (ext. 27101)

I have read and agree to the following rules and regulations listed above:

Parent/Guardian Signature

Date

LATCHKEY BEFORE & AFTER SCHOOL PROGRAM 2018-2019

Authorized Pick-Up Form

Please provide below the names, addresses, and phone numbers of three responsible adults, **other than yourself**, who live locally, and can pick up and care for your child until you return home in the event of early dismissal from the Latchkey Programs. These persons must be available during the program hours (7:00am-9:00am) and/or (3:00pm-6:00pm). Your child will not be released to anyone who is not listed on this sheet unless a handwritten note is provided stating otherwise or a voice confirmation from the parent/guardian.

Child Name(s): _____

Alternate Pick up 1:

Name: _____

Home Phone: _____ Cell Phone: _____

Alternate Pick up 2:

Name: _____

Home Phone: _____ Cell Phone: _____

Alternate Pick up 1:

Name: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____

Date: _____

LATCHKEY BEFORE & AFTER SCHOOL PROGRAM 2018-2019
ALLERGY/ASTHMA ACTION FORM

If you have more than one child with asthma/allergies, please complete one form per child.
It is not necessary to fill out this form if your child does not have asthma or allergies.

Student Name: _____

Date of Birth: _____

Allergic To: _____

Asthmatic (circle one): YES NO

SIGNS OF AN ALLERGIC REACTION

Systems:

- MOUTH
- THROAT
- SKIN
- STOMACH
- LUNG
- HEART

Symptoms:

- itching, swelling of the lips, tongue, or mouth
- itching and/or sense of tightness, hoarseness, and hacking cough
- hives, itchy rash, and/or swelling about the face or extremities
- nausea, abdominal cramps, vomiting, and/or diarrhea
- shortness of breath, repetitive coughing, and/or vomiting
- “thread” pulse, “passing out”

THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE

ALL THE ABOVE SYMPTOMS CAN POTENTIALLY PROGRESS TO LIFE THREATING SITUATIONS

ACTION FOR MINOR REACTION

1. If only symptom(s) are: _____

GIVE: _____

(Medication/dose/route)

2. Then call parent/guardian or emergency contact

Name: _____

Phone: _____

Name: _____

Phone: _____

Parent/Guardian Signature

Date

LATCHKEY BEFORE & AFTER SCHOOL PROGRAM 2018-2019

Part-Time Enrollee Form

Please specify, below, the day(s) of the week in which your child will be attending the Latchkey Program(s). If this day(s) changes, advance notice must be given to the Recreation Department and to the school in which your child attends (after school only). (Reminder: A note should be sent in to your child's teacher making him or her aware that your child will be attending the Latchkey After School Program on specified dates.)

Drop-In for Before and After School (fee is per child per program):

Fee: \$10 per day per child

*Drop-in students must be paid for in full on or before the date your child is attending. Students will not be accepted to the program unless they are paid for.

Two or Three Days per Week:

Fee: After School: 1st child \$100.00 per month - 2nd child \$75 per month

Before School: 1st child \$50 per month- 2nd child \$25 per month

2 Days: _____

3 Days: _____

Parent/Guardian Signature: _____