

Child's Name _____

Date of Birth _____

United Methodist Church of Queensbury

School Age Child Care

460 Aviation Road

Queensbury, NY 12804

Registration Request Form

1. The School Age Care Program follows the schedule of Queensbury School and is in operation from 6:30-9 a.m. and from 2:30 - 5:30 p.m.
2. The tuition is charged at a monthly rate with a minimum of ten hours per month. The fee remains constant for the time slot scheduled at the time of registration regardless of child's attendance. **THE BASIC CHARGE WILL BE PAYABLE ONE MONTH IN ADVANCE.** Any additional charges will be billed. A discount applies to siblings in some circumstances.
3. A \$20.00 fee is due at the time of registration and is refundable only if we are unable to accommodate you.
4. Acceptance will be contingent upon availability of space in the program.
5. Children that are members of this church, returning students/siblings, and preschool students will be given first priority acceptance in their time category during the preregistration period.
6. Full-time School Age Care applicants will receive second priority (five days a.m. and p.m. program).
7. Final placement is contingent upon receipt of medical forms and one month's tuition. This money cannot be refunded.
8. Please make checks payable to United Methodist Church of Queensbury (or QUMC).

Days and Time Slots

Please check the days and drop off/pick up time you are reserving for your child

AM Program - Drop Off Time									
K-3 Before School	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> 6:30	<input type="checkbox"/> 7:00	<input type="checkbox"/> 7:30	<input type="checkbox"/> 8:00
4-5 Before School	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> 6:30	<input type="checkbox"/> 7:00		
PM Program - Pick Up Time									
K-3 After School	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> 4:30	<input type="checkbox"/> 5:00	<input type="checkbox"/> 5:30	
4-5 After School	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> 3:30	<input type="checkbox"/> 4:00	<input type="checkbox"/> 4:30	<input type="checkbox"/> 5:00
* If you drop off/pick up before times designated above, you may incur additional fees. Alternating schedules will need to be approved by the Administrative Director									<input type="checkbox"/> 5:30

Agreement Please initial each statement and sign below.

I consent to the enrollment of the child listed on this registration into this facility. I have received and read the United Methodist Church of Queensbury School Age Child Care Handbook and have been advised of the policies regarding fees, transportation and the services provided by the facility. _____

I understand and agree to abide by these written policies and the NYS Department of Social Services regulations under which it operates. _____

I will immediately communicate, in writing, any information or changes to any of the information already provided to the Program Director or Administrative Director. _____

I agree that my child's picture may be used in publications that are used to promote a special event at this child care program. _____

I give consent for my child to take part in field trips or excursions away from our facility under proper supervision. _____

I will provide special information below to assist the facility in caring for my child (behavioral or medical, special consideration, or learning abilities, etc.) _____

We accept the responsibility of full payment of tuition and any fees incurred.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

***Please complete reverse side**

Child's Name _____

Date of Birth _____ Grade in September _____ Teacher _____

Address _____

Pick Up Authorization & Emergency Contacts

*** Photo ID
required
for pick up**

Parent/Guardian A

Parent/Guardian B

Name _____
 Relationship to Child _____
 Occupation _____
 Place of Business _____
 Home # _____
 Work # _____ call first in an emergency
 Cell# _____

Name _____
 Relationship to Child _____
 Occupation _____
 Place of Business _____
 Home # _____
 Work # _____ call first in an emergency
 Cell# _____

Is child living with both parents/guardians _____ If no, please explain _____

Any custody papers must be on file at School Age Care

Email _____

Please provide an email address where you will be able to receive important updates and information happening in our programs.

Other Emergency Contacts/Pick Up

Other than the above named individuals, the following adults (over 18) are permitted to pick up my child if necessary. Please list people who will be available to pick up your child and can be contacted by phone.*

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Medical Information

I give consent for QUMC Kidz to use hydrogen peroxide for the purpose of first aid. _____

I give consent for QUMC Kidz to use lotion sunscreen with an SPF of at least 30 on my child for outdoor play. _____

I agree that in the case of accident or injury, emergency medical care may be given in the event I cannot be reached. _____

Known Allergies _____ Special Conditions _____
 Physician Name _____ Physician Phone # _____
 Medications now taking _____ Insurance Carrier _____
 Group # _____ Identification # _____