

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## United Methodist Church of Queensbury

### School Age Child-Care

460 Aviation Road, Queensbury, NY 12804

### 2022-23 Registration Request Form

1. The School Age Care Program (SAC) follows the schedule of Queensbury School and is in operation from 7-9 a.m. and from 2:30 - 5:30 p.m.
2. The tuition is charged at a monthly rate with a minimum of 10 hours per month over the 10-month school year. The fee remains constant for the time slot scheduled at the time of registration regardless of child's attendance. **THE BASIC TUITION FEE IS DUE ON THE 1<sup>ST</sup> OF THE PRIOR MONTH. \$25 LATE FEE** if paid after the due date on the invoice. Any additional charges will be billed. A discount applies to siblings in some circumstances.
3. A \$30.00 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 and returning students/siblings will be given 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 one month's tuition, Physical Exam/immunizations records, and \*OCFS Health Care Plan Forms. This money cannot be refunded. \*Only students with Special Needs and/or allergies.
8. Please make checks payable to United Methodist Church of Queensbury (or QUMC).

<b>DAYS &amp; TIME SLOTS:</b> Please circle the days & drop off/pick up time you are reserving for your child.									
<b>Morning Program – Drop Off Time</b>									
K-3 Before School	M	TU	W	TH	F	7:00	7:30	8:00	
4-5 Before School	M	TU	W	TH	F	7:00			
<b>Afternoon Program – Pick Up Time</b>									
K-3 After School	M	TU	W	TH	F	4:30	5:00	5:30	
4-5 After School	M	TU	W	TH	F	3:30	4:00	4:30	5:30
If you drop off/pick up earlier or later than designated above, you will incur additional fees. Alternating schedules will need to be approved by the School Age Care Director.									

### 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 agree to pay any additional hourly fees incurred for any additional hours attended in this SAC program. \_\_\_\_\_

I understand and agree to abide by these written policies and the NYS Department of Office of Children and Family Services (OCFS) regulations under which it operates. \_\_\_\_\_

I will immediately communicate, in writing, any information or changes to any of the information already provided to the Director or Assistant Director. \_\_\_\_\_

I will complete **MANDATORY** Office of Children & Family (OCFS) Medical Forms as required by law to assist the facility in caring for my child (behavioral or medical, special consideration, or learning abilities, allergies.) \_\_\_\_\_

**I accept the responsibility of full payment of tuition and any fees incurred.** \_\_\_\_\_

(whomever signs this registration is the responsible party for tuition payment)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**\*Please complete reverse side**

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Primary Address: \_\_\_\_\_

**Pick Up Authorization & Emergency Contacts \* Photo ID required for pick up**

Parent/Guardian A <i>*Call first in an emergency</i>	Parent/Guardian B
Name:	Name:
Relationship to Child:	Relationship to Child:
Occupation:	Occupation:
Place of Business:	Place of Business:
Cell Phone #:	Cell Phone #:
Work Phone #:	Work Phone #:
Home Phone #:	Home Phone #:
Email Address:	Email Address:

*\*We must have an email address for invoicing tuition and announcements\**

Is the child living with both parents/guardians? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

*Any custody papers must be on file at the School Age Care*

**Additional Pick-Up Authorization & Emergency Contacts \* Photo ID required for pick up**

Other than the above-named individual, 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 case of an 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 #:

\*Any child with an allergy will be **required by law** to complete the NYS OCFS Individual Health Care Plan for a Child with Special Health Care Needs and an Individual Allergy & Anaphylaxis Emergency Plan. Any child with Special Conditions (ex. ADHD) will be **required by law** to complete the NYS OCFS Individual Health Care Plan for a Child with Special Health Care Needs.

**\*Please complete reverse side**