

# ROCKLAND \*AFTER\* SCHOOL PROGRAMS, INC.

465 VIOLA RD. SPRING VALLEY, N.Y. 10977 (845) 577-6141 FAX 577-6389

## East Ramapo RASP Application (E) 2014-15

(please print)

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Age as of 9/1/14 \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Teacher as of 9/14 \_\_\_\_\_ School \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

(Guardian's)

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

(Guardian's)

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's cell# ( ) \_\_\_\_\_ Father's cell# ( ) \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Days your child will attend RASP:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Time you will pick up your child: \_\_\_\_\_

Are there other children in the family?

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Have any of them attended a RASP program? yes \_\_\_\_\_ no \_\_\_\_\_

For office use:

Date received \_\_\_\_\_ Group \_\_\_\_\_ Latest pick-up time \_\_\_\_\_

Please share anything about your child's personality/temperament that you think would help us in getting to know and understand her/him?

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Does your child have an I.E.P.? If yes, can RASP access it to help facilitate care for him/her? Y \_\_\_\_\_ N \_\_\_\_\_. Please describe any health or special needs your child may have: allergies (describe reaction), insect bite sensitivity, learning disability, limitations on activities, etc.? Do you have any suggestions about how we can best help your child with those needs?

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Please tell us any special interests that your child has that we might explore in our program.

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Language(s) spoken at home \_\_\_\_\_

Do we have your permission to use your child's photograph in publicity for RASP?  
yes, with name \_\_\_\_\_ yes, without name \_\_\_\_\_ no \_\_\_\_\_

Do we have permission to speak with your child's teacher about your child?  
yes \_\_\_\_\_ no \_\_\_\_\_

Would you be willing to help with a fundraiser for RASP? yes \_\_\_\_\_ no \_\_\_\_\_

Please tell us how you learned about RASP:

Flyer sent home  Flyer posted in the community  Newspaper

Friend  School  Family Resource Center  Other \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## East Ramapo RASP Parent Agreement 2014-15

I understand that:

I will pick up my child from RASP and assume full responsibility for his/her transportation at that time. The following people have permission to pick up my child:

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell # \_\_\_\_\_

I understand that:

Children participating in RASP must be able to function consistently within our basic guidelines for behavior: They must be able to stay within the areas designated for them; respect other people's bodies and things; and cooperate with the staff's instructions.

RASP is open to all children who reside in the East Ramapo School District. Enrollment preference is given to returning families and full-time working parents. In the event of absence because of illness, vacation or other out-of-school activities, I will notify RASP before the program opens and I am responsible for my child. Daily snacks will be served in accordance with the Child and Adult Food Program Standards. RASP will only dispense emergency medications (Epi-Pens, inhalers and Benedryl). Other medications must be dispensed before your child comes to the program.

Parents are welcome to visit RASP at any time.

I have read, understand and agree to the Parent Agreement.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

**ROCKLAND AFTER SCHOOL PROGRAMS 845-577-6141**

**PARENT CONSENT FOR MEDICAL TREATMENT 2014-15 School Year**

We, \_\_\_\_\_ and \_\_\_\_\_  
(mother/guardian signature) (father/guardian signature)

give permission for our child \_\_\_\_\_ to have emergency treatment or other treatment deemed necessary at Nyack Hospital or Good Samaritan Hospital or other medical facility.

***Please print:***

**Name of Parent(s)**

\_\_\_\_\_

Mother's home phone \_\_\_\_\_ work phone \_\_\_\_\_

cell phone \_\_\_\_\_

Father's home phone \_\_\_\_\_ work phone \_\_\_\_\_

cell phone \_\_\_\_\_

**Emergency Contacts (in addition to parent/guardian)**

Name \_\_\_\_\_ home phone \_\_\_\_\_

work phone \_\_\_\_\_ cell phone \_\_\_\_\_

Name \_\_\_\_\_ home phone \_\_\_\_\_

work phone \_\_\_\_\_ cell phone \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ phone \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_ phone \_\_\_\_\_

Allergies to drugs, other medical conditions that affect treatment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EAST RAMAPO RASP FINANCIAL AGREEMENT 2013-14 (E)

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Child's School \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's e-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's e-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

### RASP BASIC DAY (2:30 – 5:30)

I agree to pay the sum of:

\$310 per month (5 days) \_\_\_\_\_

\$253 per month (4 Days) \_\_\_\_\_

\$192 per month (3 Days) \_\_\_\_\_

\$129 per month (2 Days) \_\_\_\_\_

\$ 68 per month (1 Days) \_\_\_\_\_

\_\_\_\_ per month ( Days) \_\_\_\_\_

### RASP EXTENDED DAY (2:30 – 6:00)

I agree to pay the sum of:

\$335 per month (5 days) \_\_\_\_\_

\$273 per month (4 Days) \_\_\_\_\_

\$207 per month (3 Days) \_\_\_\_\_

\$139 per month (2 Days) \_\_\_\_\_

\$ 72 per month (1 Days)

\_\_\_\_ per month (Days) \_\_\_\_\_

**RASP EXTENDED DAY (2:30 – 6:30)**

I agree to pay the sum of:

\$350 per month (5 days) \_\_\_\_\_

\$285 per month (4 Days) \_\_\_\_\_

\$215 per month (3 Days) \_\_\_\_\_

\$145 per month (2 Days) \_\_\_\_\_

\$ 76 per month (1 Days) \_\_\_\_\_

\_\_\_\_\_ per month (Days) \_\_\_\_\_

I understand that:

Tuition is paid by check or money order at RASP. Please make check out to RASP. My annual tuition for RASP is divided into ten equal payments. Payment is due by the 5th of each month and remains the same each month regardless of school holidays, absences or snow days. Tuition payments received at RASP after the 20th of the month are subject to a \$25 late fine. RASP charges \$40 for checks returned by the bank for insufficient funds. Families whose tuition payments fall more than two months behind may be withdrawn from the program.

**My child will be enrolled in RASP upon receipt of the completed registration package, \$35 registration fee (non-refundable unless the program is full) and June 2015 tuition.** The June 2015 tuition is refundable until March 31, 2015. If I withdraw or reduce my child’s enrollment, no tuition will be refunded for that month.

I understand that repeated lateness at pick-up could result in withdrawal from the program. Fines will be charged for pick-up if I am more than five minutes late. Fines are to be paid on the day of lateness. Late fines will be \$5.00 for the first ten minutes and \$5.00 for each ten minutes thereafter.

RASP does not anticipate an additional tuition increase for 2014-15. However, in the event of unexpected increases in our expenses, we reserve the right to make a small increase in monthly tuition (\$10 per month or less).

The parent(s) who sign this agreement are responsible for payments to RASP. I understand and agree to the terms listed above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Notes \_\_\_\_\_