

ROCKLAND *AFTER* SCHOOL PROGRAMS, INC.

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

K Club Application 2014-15

Child's Name _____ Nickname _____

Sex ____ Birth date _____ Age as of 9/1/14 _____

Address _____

Town _____ Zip _____

Teacher as of 9/14 _____

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 e-mail _____ Father's e-mail _____

Days your child will attend K Club:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Time you will drop off or 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 or K Club program? yes ____ no ____

For office use: Date received _____ Session _____ AM Full Day

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

Does your child have an I.E.P. that RASP can access 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?

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

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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K Club RASP Parent Agreement 2014-15

I understand that:

I will drop off my child at K Club and assume full responsibility for his/her transportation at that time. In the event that my child must be picked up, 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 K Club 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.

K Club 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 K Club 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. K Club 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 K Club at any time.

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

Date _____ Parent Signature _____

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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K Club Financial Agreement 2014-15

Child's Name _____ Grade _____

Address _____ Town _____ Zip _____

Child's School _____

Mother's Name _____ Home Phone _____

(Guardian's)

Employer _____ Work Phone _____

Mother's e-mail _____ Cell Phone _____

Father's Name _____ Home Phone _____

(Guardian's)

Employer _____ Work Phone _____

Father's e-mail _____ Cell Phone _____

K Club ONLY (8 AM – 12:00 PM) (4 hrs)

I agree to pay the sum of

\$335 per month (5 days)	_____
\$272 per month (4 Days)	_____
\$203 per month (3 Days)	_____
\$137 per month (2 Days)	_____
\$ 70 per month (1 Day)	_____

K Club and RASP

(8 AM to 12 PM and 2:30 to 5:30 PM) (7 hrs)

I agree to pay the sum of

\$595 per month (5 days)	_____
\$477 per month (4 Days)	_____
\$358 per month (3 Days)	_____
\$239 per month (2 Days)	_____
\$120per month (1 Day)	_____

(8 AM to 12 PM and 2:30 to 6:00 PM) (7 ½ hrs)

I agree to pay the sum of

\$600 per month (5 days)	_____
\$481 per month (4 Days)	_____
\$361 per month (3 Days)	_____
\$241 per month (2 Days)	_____
\$121 per month (1 Day)	_____

(8 AM to 12 PM and 2:30 to 6:30 PM) (8 hrs)

I agree to pay the sum of \$605 per month (5 days) _____
 \$493 per month (4 Days) _____
 \$364 per month (3 Days) _____
 \$243 per month (2 Days) _____
 \$122 per month (1 Day) _____

I understand that:

Tuition is paid by check or money order at K Club or through your bank. The check is make out to RASP. I will write my child's first and last name on the check. My annual tuition for K Club 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 K Club 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 K Club upon receipt of the completed registration package, \$35 registration fee (non-refundable unless the program is full) and June 2015 tuition. The June 2014 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.

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 _____
(Guardian)
Parent Signature _____ Date _____

<p><i>Office Use Only</i></p> <p>Date Received _____ Check # _____ Amount _____</p> <p>Notes</p>
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