

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

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

## K Club Application 2015-16

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

Sex \_\_\_\_ Birth date \_\_\_\_\_ Age as of 9/1/15 \_\_\_\_\_

Address \_\_\_\_\_

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

Teacher as of 9/15 \_\_\_\_\_

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

Do any of these words describe your child?

shy \_\_\_ bold \_\_\_ quiet \_\_\_ active \_\_\_ sensitive \_\_\_ cooperative \_\_\_ dramatic \_\_\_  
friendly \_\_\_ helpful \_\_\_ moody \_\_\_ nervous \_\_\_ noisy \_\_\_ patient \_\_\_  
angry \_\_\_ serious \_\_\_ strong \_\_\_ short-tempered \_\_\_ happy \_\_\_ outgoing \_\_\_

What other words describe your child? \_\_\_\_\_

Does your child have an I.E.P.? 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.? How can we help your child with those needs?

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What are some things that your child likes to do?

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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 K Club? yes \_\_\_\_\_ no \_\_\_\_\_

Please tell us how you learned about K Club:

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 Parent Agreement 2015-16

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 live in the East Ramapo School District. 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 2015-16 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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## K Club Financial Agreement 2015-16

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) \_\_\_\_\_

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

\$206 per month (3 Days) \_\_\_\_\_

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

\$ 72 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 \$600 per month (5 days) \_\_\_\_\_

\$489 per month (4 Days) \_\_\_\_\_

\$368 per month (3 Days) \_\_\_\_\_

\$247 per month (2 Days) \_\_\_\_\_

\$126 per 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 \$610 per month (5 days) \_\_\_\_\_

\$493 per month (4 Days) \_\_\_\_\_

\$371 per month (3 Days) \_\_\_\_\_

\$249 per month (2 Days) \_\_\_\_\_

\$127 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     \$615 per month (5 days) \_\_\_\_\_  
   \$497 per month (4 Days) \_\_\_\_\_  
   \$374 per month (3 Days) \_\_\_\_\_  
   \$251 per month (2 Days) \_\_\_\_\_  
   \$128 per month (1 Day) \_\_\_\_\_

I understand that:

Tuition is paid by check, money order or cash at K Club or through your bank. The check or money order 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 2016 tuition.** The June 2016 tuition is refundable until March 31, 2017. 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 \_\_\_\_\_

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