

ROCKLAND *AFTER* SCHOOL PROGRAMS, INC.

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

Sloatsburg RASP Application 2015-16

(please print)

Child's Name _____ Nickname _____

Sex _____ Birthdate _____ Age as of 9/1/15 _____ Grade as of 9/15 _____

Address _____

Town _____ Zip _____

Teacher as of 9/15 _____ 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 _____

Do any of these words describe your child?

shy ___ creative ___ quiet ___ active ___ sensitive ___ cooperative ___ dramatic ___
friendly ___ helpful ___ moody ___ anxious ___ noisy ___ patient ___ imaginative ___
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?

What are some things that your child likes to do?

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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Sloatsburg RASP Parent Agreement 2015-16

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. Parents may request a conference with staff at any time.

RASP is open to all children who are eligible to attend Sloatsburg Elementary School. 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 SCHOOL PROGRAMS
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 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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Sloatsburg RASP Financial Agreement 2015-16

Child's Name _____ Grade _____

Address _____ Town _____ Zip _____

Mother's Name _____ Home Phone () _____
(Guardian's)

Employer _____ Work Phone () _____

Mother's Email _____ Cell Phone () _____

Father's Name _____ Home Phone() _____
(Guardian's)

Employer _____ Work Phone () _____

Father's Email _____ Cell Phone () _____

For After School Care (3:10 – 6:10)

I agree to pay the sum of \$325 per month (5 days) _____

\$270 per month (4 Days) _____

\$205 per month (3 Days) _____

\$140 per month (2 Days) _____

\$ 75 per month (1 Days) _____

I understand that:

Checks/money orders are to be made out to RASP and paid at the program or mailed to the main office. We do not accept cash. 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 to cover our costs 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 2016 tuition.

The June 2016 tuition is refundable until March 31, 2016. If I withdraw or reduce my child's enrollment during the month, 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 if I am more than five minutes late. Late fines are \$5.00 for the first ten minutes and \$5.00 for each ten minutes thereafter. Fines are to be paid directly to the staff person who has waited with your child, on the day of lateness.

RASP does not anticipate a tuition increase during the 2015-16 school year. 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 (Guardian) Signature _____ Date _____

Parent (Guardian) Signature _____ Date _____

Date Received _____	Check # _____	Amount \$ _____
Notes		

