

BRUNSWICK COMMUNITY CHILD CARE PROGRAM 2019-2020 REGISTRATION AGREEMENT

Scope of the Program: To provide care for students in Kindergarten through grade 5.

Hours of Operation: Before School: 7:00 to 8:45 AM After School: 3:30 to 6:00 PM

Location: Tamarac Elementary School Cafeteria and Gymnasium
Students have the option to ride into school on the HS/MS bus.

Charges: *Please note - All payments are to be made in advance on a monthly basis and must be paid prior to the 1st of each month.*

Registration fee - \$25.00 per family (must be received with application). Child(ren) will not be allowed to attend program if not registered in advance.

**Full time - \$16.00/day (\$8.00 before school, \$8.00 after school)
As-needed (varies)* - \$18.00/day (\$9.00 before school, \$9.00 after school)**

*Those attending more days than registered for will be charged the as-needed rate of \$9.00 for those additional days and must make payment on the day of attendance. For example, if your child is only registered for three days and attends on a fourth day, the additional payment for the fourth day must be paid on that day.

For those students enrolled full-time, a half-day conference service will be offered. There will be a charge of \$10 in addition to the regular before and after school charges. Students **MUST** be registered in order to attend. See attached calendar for scheduled half days.

Payments: Parents will be provided a payment schedule at the start of each year. **All payments should be made by check** prior to the first of each month. Your cancelled check will serve as your receipt.

Additional Fees:

There will be a charge of \$20.00 for any returned checks and a charge of \$10.00 for each additional five minutes for students picked up after 6:00 PM.

If payment is not made in advance your child(ren) will not be allowed in the program until payment is received.

Donations: The program would appreciate donations of paper, crayons, games and or other activities which the children may use and enjoy. Please see Carol Galbraith.

Registration Form: (attached) must be submitted with \$25.00 registration fee made payable to BCCCP (post marked no later than August 1st) to:

Brunswick Community Child Care Program Director
Tamarac Elementary School
3992 NY 2
Troy, NY 12180

****Due to limited space, applications will be accepted on a “first come, first served” basis based on the date of the post mark.***

Registration Agreement: Parents understand the following and must sign the attached registration form:

1. *Parent is responsible for monthly advanced payments based on scheduled attendance regardless of any absences.*
2. Payments not received in advance will result in dismissal from the program.
3. Only a permanent change in child's scheduled number of days of attendance received in writing prior to the 1st of the month will reflect a change in payment effective that month. All other changes will go into affect the next month.
4. Parental Cooperation is essential in dealing with any discipline concerns. Severe or continued discipline concerns may result in dismissal from the Program.
5. BCCCP is not responsible for lost, damaged or stolen property.
6. In case of an emergency that requires immediate medical attention, parent authorizes that the child be taken to the hospital.

**BRUNSWICK COMMUNITY CHILD CARE PROGRAM
2019-2020 REGISTRATION FORM**

Child's Name: _____ **Grade** _____ **DOB:** _____

Child's Home Address: _____

Attendance Schedule: Please note # of days of expected weekly attendance and circle actual days of the week.

Before School: # of days ____ After School: # of days ____ Varies ____ (will be charged higher rate)
M T W T H F M T W T H F

Parent or Guardian child resides with: _____

Father's Name: _____

Home Address (if different from above): _____

Place of Work: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email Address _____

Mother's Name: _____

Home Address (if different from above): _____

Place of Work: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email Address _____

Emergency contact (not parent): _____ **Phone:** _____

Persons authorized to pick up your child. (Please submit any later changes in writing)

1. _____ Phone Number _____

2. _____ Phone Number _____

3. _____ Phone Number _____

4. _____ Phone Number _____

Child's Physician: _____ **Number** _____

Health Concerns: _____

I HAVE READ, UNDERSTAND AND WILL COMPLY WITH THE ATTACHED REGISTRATION AGREEMENT.

Signature of Parent or Guardian: _____ Date: _____