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518-237-7523

**COHOES CHILD DEVELOPMENT CENTER
SCHOOL AGE REGISTRATION FORM**

Program _____
Start Date _____
AM _____ PM _____

M Child's Name: _____ Date of Birth: ___/___/_____
 F Address: _____ Phone: _____

Mother or Guardian: _____ Reside in Home? Yes No
Work Phone: _____ Cell Phone: _____
Employment: _____ Work Hours: _____ Social Security Number: _____

Father or Guardian: _____ Reside in Home? Yes No
Work Phone: _____ Cell Phone: _____
Employment: _____ Work Hours: _____ Social Security Number: _____

EMERGENCY CONTACTS

Please give the name, address, and telephone numbers of two people who may be contacted in case of an emergency or illness, when the parent or guardian is not reachable. These people should live in the vicinity of the school district during the hours the program is in operation.

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Cell Phone _____	Cell Phone _____
Relationship to child _____	Relationship to child _____

AUTHORIZED PICK UPS

Your child (ren) will only be released to those individuals listed below unless otherwise specified to us in writing.

1. _____ 2. _____ 3. _____ 4. _____

SCHOOL AGE INFORMATION

Elementary School _____ Grade _____ Teacher's Name _____

Swimming: I give my child _____ permission to swim on half days & full days of care at the Center swimming pool. Yes _____ No _____ Please describe ability to swim _____

Homework: I would like my child to be given the opportunity to do homework at the program with staff guidance: Yes _____ No _____

Photo Release: May we use your child's photo/picture and/or name for publications, website and/or marketing purposes? Yes _____ No _____

I give consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation, and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates. Yes _____ No _____

I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. Yes _____ No _____

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the following pages necessary for the proper health and well-being of my child.

Yes _____ No _____

I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. Yes _____ No _____

I agree to review and update this information whenever a change occurs and at least once every six months. Yes _____ No _____

Signature – Parent or Person (s) Legally Responsible **Print** **Date**

Office Use Only

Visit Date: _____ Handbook: Yes No Parent Fee Statement _____ Parent Fee Card: _____ Initial _____

Cohoes Community Center
Cohoes Child Development Center
School Age Care Program
22-40 Remsen Street
Cohoes, NY 12047
518-237-7523
518-237-7523 (fax)

School Age Care Parent Fee Agreement

Child's Name _____
Program _____ AM _____ PM _____
Start Date _____
Registration Fee _____ Date Paid _____
2 week security _____ Date Paid _____
Advanced Payment _____ Date Paid _____

Based on the services that I have selected my parent fee is \$ _____ per week.

Case Worker _____ Number _____

The payment schedule that I prefer to follow is:

____ Weekly payments ____ Bi-Weekly Payments ____ Monthly Payments

I understand that my initial payment must reflect the above chosen payment schedule.

Ex. SAC families who chose to follow bi-weekly payment schedule must submit a \$320 initial payment (\$160 for two week security deposit and \$160 for two weeks of care)

On days in which there is no school or school is not scheduled or on days in which the children are dismissed early, I understand that an "add-on" fee will be applied to my weekly parent fee in the amount of: \$ _____ per day, per child. Fees must be paid in advance of service.

(Example – school in session M, T, W, Th. And Friday having No school ,your fee will be \$80.00 + \$12.00 should you pre-register for Friday. If you are not registered for that Friday off, your parent fee will be \$80.00.)

On weeks in which there is a school vacation (Christmas Recess, Spring Break), I understand my SAC weekly fee will be waived. Registration for care will be done on a daily basis. I understand that the listed fees must be paid at the time of enrollment. My fee for each full day of care is as follows: \$ _____ per day, per child. Fees must be paid in advance of service.

*I also am aware that if I enroll my child in a full or half day of care and do not attend that I am still responsible for payment of the days enrolled (including families receiving daycare subsidies).

Individuals who may receive information regarding my financial account:

Is this joint account ____ yes ____ no
If yes please list other party responsible for payments _____
Signature _____ Date _____

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School Age Care Parent Fee Agreement
Child's Name _____
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I _____ consent to the enrollment of my child/ children in the SAC Program. I have been advised of the policies and procedures of the program and given the School-Age Parent Handbook. I am aware of the scheduled holidays and closings and the cut off time for arrivals and departures.

Based on the services that I have selected on page 1 the "Initial Payment" line reflects a two week security deposit, a one week advanced payment (advanced payment reflecting the chosen payment schedule) and a \$10 registration fee that you paid to enroll your child/children. (Registration fee applicable to new clients only)

I do hereby agree to notify the Cohoes Child Development Center School Age Care program in writing two weeks in advance of withdrawing my child/children from the program I also understand that without such notice my security deposit will be forfeited and no refund of the security deposit will be given.

I am also aware that:

- **All parent fees are due in advance of service.**
- Upon enrollment all families are required to pay a two week security deposit, a minimum of one week in advance and a \$10 registration fee (Registration fee applicable to new clients only)
- Families must choose a payment schedule of weekly, bi-weekly or monthly. The advanced payment must reflect the chosen payment schedule. *(Example: If your weekly parent fee is \$100 per week and you choose the bi-weekly payment schedule you must submit an initial payment of \$400. A \$200 two week security deposit and \$200 for two weeks of care).*
- A childcare slot will not be made available until the Cohoes Child Development Center has received a two week security deposit, a minimum of one week in advance and a \$10 registration fee along with a completed enrollment packet. Families will be allotted 5 business days to pay required advanced parent fees after the security deposit and registration fee has been paid.

FAMILIES RECEIVING SUBSIDIES: A childcare slot will not be held until we receive a voucher from your caseworker. Once the voucher is received, families will then be given 5 business days to pay the two week security deposit, a minimum of one week in advance and a \$10 registration fee.

- If advanced payment is not received within the 5 business days the childcare slot will no longer be held and your security deposit will be refunded.
- Parent fee statements are sent out at the beginning of each month.
- Payments must be received by the Thursday before the next billing week.
- Checks/money orders should be written to the "Cohoes Community Center" and please include the child's full name and program in the memo of the check. There is a \$30 fee for all returned checks. We reserve the right to request cash, money order or credit card payments after two returned checks.
- If parent fee is not paid by Thursday, a phone call will be made to you on Friday reminding you that a payment must be made.
- If no payment is received by 12 noon Monday, you will receive a letter stating that you must have two weeks paid by that Thursday.
- If the two week payment is not received by that Thursday, your child/children will be terminated from the program(s) effective that Friday, your security deposit will be applied to the outstanding balance and your account will be reviewed by our accounting office.
- The Cohoes Child Development Center will review accounts that are delinquent. Unpaid accounts will be turned over to a collection agency if not settled within 30 days of termination and are subject to small claims court.

I _____ **have been apprised of parent fees and parent fee policies.**

Parent Signature _____ **Date** _____

School Age Coordinator/Administrator _____ **Date** _____