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**MALVERNE AFTERSCHOOL CENTER, INC.**  
**MALVERNE MORNING CENTER**  
**M. W. Downing School-55 Lindner Place Malverne, NY 11565**  
**Tel: Downing 887-7267, Davison 887-2270, Herber 599-6606, Fax: 887-2524**  
**Registration/Application Package 2008-2009**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_

Child's Address \_\_\_\_\_ Zip \_\_\_\_\_

HomePhone \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

School (circle one) MWD DA HTH Grade \_\_\_\_\_ Starting Date \_\_\_\_\_

Mother's Name \_\_\_\_\_

Social Security# \_\_\_\_\_

Address if different than child's

Cell phone# \_\_\_\_\_ Work # \_\_\_\_\_ Home# \_\_\_\_\_

Employer Name & Address

Father's Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Address if different than child's

Cell phone# \_\_\_\_\_ Work # \_\_\_\_\_ Home# \_\_\_\_\_

Employer Name & Address

**MALVERNE AFTERSCHOOL CENTER, INC.**  
**EMERGENCY INFORMATION**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**CUSTODY RESTRAINTS\*: Persons who may NOT pick up child**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

\*For a custody restraint to be enforced by our staff, a copy of each child's legal custody papers must be on file with a copy of the legal restraint, if you have one. In the event that we do not have a copy of the custody papers, each parent must be treated as equals in keeping with the childcare regulations outlined by New York State Department of Social Services.

**EMERGENCY CONTACTS:**

Please list persons (other than Parents/Guardians) who are authorized to pick up child if parents are unavailable. The New York State Department of Social Services mandates that at least two emergency contacts be listed for each child.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY MEDICAL CONSENT**

In the event that my child \_\_\_\_\_ may require medical and/or surgical care in an emergency, I hereby give my consent to have medical and/or surgical treatment rendered by the nearest hospital and staff doctor or his/her designee to provide this care. I agree to pay for all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. The Malverne Afterschool Center Inc., states that every effort will be made to notify parents/guardians immediately in case of emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MALVERNE AFTERSCHOOL CENTER, INC.**  
**EMERGENCY INFORMATION continued**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**HEALTH INFORMATION**

Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Insured's Name \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Neurological/Psychological conditions: \_\_\_\_\_

Is your child receiving special education services? If yes, what services is he/she receiving? \_\_\_\_\_

Physical disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications currently being taken (include dosage and when taken): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your child need any special accommodations? If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other health information you would like to add: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MALVERNE AFTERSCHOOL CENTER, INC.**  
**PERMISSION FORM**

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

***Walking Trips:*** I give permission to the Malverne Afterschool Center, Inc. to take my child on supervised walking trips.           **YES      NO**

***Field Trips:*** I give permission to the Malverne Afterschool Center, Inc. to take my child on supervised excursions where transportation is provided.           **YES      NO**

***Photographs:*** I give permission to the Malverne Afterschool Center, Inc. to take photographs of my child and use them as publicity for the program.           **YES      NO**

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**HOMEWORK POLICY**

Staff will direct children to do their homework unless parents indicate that they do not want it to be done during MAC afternoon sessions. **According to the New York State Department of Social Services, no more than 45 minutes per session may be devoted to homework**, in keeping with the developmental needs of children. Staff will provide help if asked. The staff is NOT responsible for correcting homework or checking that all homework is done.

**SPECIAL NEEDS POLICY**

The Malverne Afterschool Center, Inc. will not refuse to admit a child to the program solely because the child is a child with a disability or has been diagnosed as having Human Immunodeficiency Virus (HIV), HIV-related illness or Acquired Immune Deficiency Syndrome (AIDS). Each such child will be evaluated by the Director to determine whether the child could be accommodated in the program if reasonable modifications are made to the premises and/or program. Nothing contained in this paragraph shall be deemed to require the Malverne Afterschool Center to incur significant additional expenses to modify the premises and/or program to accommodate such a child.

**DISCIPLINE POLICY**

A child who does not behave appropriately will be spoken to by a staff person in private. If undesirable behavior persists, the child will be given a 5- 20 minute time-out. A child who continues to misbehave will be asked to leave the activity or stay away from other children with whom he/she is having difficulty. In the event that a child is a danger to him/herself and /or others, and we cannot control the behavior, MAC reserves the right to discontinue care.

All children will be treated with respect and fairness. They have the right to explain their actions and the circumstances that transpired after any conflicts with other children or staff.

I have read the above policies and agree to the terms.

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**MALVERNE AFTERSCHOOL CENTER, INC.**

C/o M.W. Downing School  
55 Lindner Place  
Tel: 887-7267 Fax: 887-2524

**ENROLLMENT AGREEMENT**

- 1) I wish to enroll my child/ren \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
in the Malverne Afterschool Center, Inc. I understand that I may apply for tuition assistance through the Nassau County Department of Social Services (DSS). Information is available in the MAC office at M.W. Downing School. I understand that MAC is to receive directly all tuition payments paid through DSS for childcare services provided by MAC.
- 2) I understand that I am responsible for the parent portion of the fee. I further understand that if I break this agreement, childcare services will be terminated and the Malverne Afterschool Center, Inc. may pursue payment through the legal system and notify the Department of Social Services of my failure to make payment.
- 3) I understand that the DEPOSIT of one month's tuition is due upon enrollment and will be applied to the last month of the school year. **If there is an outstanding balance from prior years, full payment of balance in addition to 2months deposit will be required, payable by cash or money-order. Cash payments can only be received at the MAC office in Downing.**
- 4) I understand that the MONTHLY/DAILY TUITION payments are due no later than the 10th day of each month. If my tuition payment is not received by the 10th day of the month I will incur and \$25 late fee added to my bill. If payment is not received by the end of the month my child/ren will be discharged from MAC.
- 5) I understand that if my check is returned for any reason, a fee of \$30.00 (subject to increases in bank fees) will be added to my bill. If this occurs again I will be responsible for paying my bill by money order or cash only.
- 6) I understand that I am responsible for picking up my child by the time designated on my enrollment agreement or **I must designate someone else to do so.** I understand that I must call the MAC office if I will be late, whether my pickup time is 4:30 P.M. or 6:30 P.M. MAC staff will phone emergency contacts listed on my registration form to pick up my child if I cannot be reached.
- 7) I understand that if I have agreed to pick up my child by 4:30 or 6:30 P.M. and I am late, I will be billed \$25.00 for the first 15 minutes. MAC will continue to bill me at the rate of \$25.00 for each 15 minutes or portion thereof.
- 8) I understand that I must sign out every day and must record the pick up time. If I do not sign out I will be charged for a 6:30 pick up.
- 9) I understand that under no circumstances will my child/children be released to anyone without authorization from the parent/guardian and proper identification will be expected.
- 10) I understand that parents of children enrolled on a daily basis must notify classroom teachers when their children will be attending MAC and call the MAC office before the start of the program.

Malverne Afterschool Center, Inc.  
ENROLLMENT AGREEMENT continued

- 11) If the Malverne elementary schools are on a Delayed opening the Morning MAC will open Two Hours before the schools open. For example if the school is reported to open at 10AM, MAC will open at 8AM. Please listen to the Radio or TV. The decision to open or close will be on both. If the schools are closed, MAC will be closed.
- 12) I understand that MAC has the right to call the emergency numbers and arrange for someone to pick up my child who appears to be ill, show signs of contagious illness, or if MAC has to close early due to an emergency (this includes heavy snowfalls).
- 13) I understand that I must inform MAC of any special needs, problems, daily medication or known medical conditions that my child may have.
- 14) **The MAC Program will not administrate medication during MAC program hours.**
- 15) I understand that there may be Parent Meetings during the year and that it is important to attend.
- 16) **I agree to participate in MAC fundraisers and/or MAC program activities designed to keep program tuition fee increases to a minimum. A \$50 candy fee will be charged at registration for our annual fundraiser and the candy will be delivered when our sale starts.**
- 17) I agree to my child receiving first aid treatment for minor injuries occurring while at MAC. I release the Malverne Afterschool Center, Inc. and the Malverne School District from liability for any injury to my child/children occurring while my child/children are attending the Malverne Afterschool Center, Inc.
- 18) I understand that it is my responsibility to send a written request to the MAC Director or Business Manager regarding any changes in the days and times of child care as outlined in my original Promissory Note, signed when my child was registered. **I may change this agreement by contacting the Office Manager or Director during the month preceding the change I will have to make out a new form. I will be charged a \$25 administrative fee for any change resulting in a decreased tuition.**
- 19) **I further understand that if I break this agreement, childcare services will be terminated and the Malverne Afterschool Center, Inc. will pursue payment through the court system or through a collection agency.**
- 20) I understand that parents of children enrolled on a daily basis for morning and/or afternoon sessions must notify MAC no later than 5 PM the day before for morning MAC and 12 NOON the same day for afternoon MAC when their children will be attending MAC, unless previously scheduled. **Parents will be called if a child comes to MAC without prior notice. MAC will not be responsible for the whereabouts of any child who is not scheduled to be at MAC.**

Malverne Afterschool Center, Inc.  
ENROLLMENT AGREEMENT continued

- 21) Parent or designate pickup person must sign children out daily. If a child is not signed out and there is a discrepancy in the attendance a parent will be charged for that day.
- 22) I understand that I must notify the MAC office (516) 887-7267 if my child WILL NOT be attending MAC on any scheduled day.
- 23) I understand that parents of H. T. Herber students must notify MAC in advance if a child has detention after school or is going to be late because of an after school activity. If you sign your child up for school clubs or sports the children will not be MAC's responsibility until your child gets to the MAC program.

**It is the Parents' responsibility to make a copy of this agreement to keep for themselves**

*I have read this agreement, made a copy, and agreed to the contents.*

*Parent/ Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_





**MALVERNE AFTERSCHOOL CENTER, INC.**

**THIRD PARTY PAYMENT AGREEMENT**  
**PROMISSORY NOTE**

**For DSS parents only**

**My DSS worker's name is \_\_\_\_\_ Phone # is \_\_\_\_\_**

My I D number is \_\_\_\_\_

I agree to pay a DAILY FEE of \$\_\_\_\_\_ directly to MAC Inc. as authorized by the Nassau County Department of Social Services.

I understand that this payment is due by the 10th of the month after the services are rendered. If payment is not received by the 10<sup>th</sup> of the month my child/ren will be discharged from MAC.

I understand that this fee will be due for each day that the MAC Inc. program is open during the school year, whether or not my child/children are in attendance.

I understand that I can prepay my tuition before I receive my invoice.

I understand that I must inform MAC of any changes in my relationship with the Nassau County Department of Social Services that could impact payment for childcare services provided for my child/children. Failure to advise MAC of any changes in payment of fees by the Department of Social Services will result in my being personally responsible for fees incurred.

My child/children will attend MAC Inc. as follows:

\_\_\_\_\_AM until school starts  
\_\_\_\_\_PM until 4:30  
\_\_\_\_\_PM until 6:30

I have read and agree to the conditions outlined in this agreement.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Child's actual starting DATE: \_\_\_\_\_

FOR OFFICE USE ONLY			
Registration Requirements	Completed	Info Placed into Emergency Book	
Registration Form			
Emergency Information/Consent		Name	
		Date	
Health Information			
Permission/Policy Form			
Enrollment Agreement			
Candy Fund Raiser	Date: Check No:		
Registration Fee Received	Date: Check No:		
June 2008 Deposit Received	Date: Check No:		
First Month Tuition Received	Date: Check No:		
Start Date		End Date	

Checked by \_\_\_\_\_ Date \_\_\_\_\_