

Malverne Afterschool Center, Inc.
Fee Schedule Agreement 2004/2005

Child/ren's Name: _____ Sch _____ Grd _____ Parent's Name: _____

of Children registered: _____ Date: _____ Parent's Signature: _____

RATES & TIMES	TUITION	SIBLING RATE	TUITION
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MONTHLY RATES

AM 6:50-9:00	\$ 120.00	\$ 75.00
PM 2:30-6:30	\$ 220.00	\$ 135.00
PM 2:30-4:00	\$ 120.00	\$ 75.00

DAILY RATES

AM/PM-6:30	\$55.00	\$40.00
AM 6:50-9:00	\$ 20.00	\$ 15.00
PM 2:30-6:30	\$ 35.00	\$ 25.00
PM 2:30-4:00	\$ 20.00	\$ 15.00

Registration Fee

June or July	\$35.00
August or Sept.	\$100.00
after Sept 30,2004	\$35.00

Deposit - Monthly Students - 1 month tuition

Deposit - Daily Students - 12 days tuition

TOTAL \$

LATE PICK-UP FEE for 6:30 p.m. students: \$15.00 for every 15 minutes or portion thereof after 6:30PM.
 LATE PICK-UP FEE FOR 4:00pm STUDENTS \$15.00 AFTER 4:15pm

NOTE: ALL INVOICES MUST BE PAID IN FULL IN THE MONTH THEY ARE INCURRED. FAILURE TO PAY ON TIME WILL RESULT IN YOUR CHILD(children) BEING DISCHARGED FROM MAC.

A \$50.00 administration fee will be charged when changing from monthly to daily rates or 6:30 to 4:00 rates.

Returned check charge is \$30.00 per check, subject to increase if bank fees increase. Payment must be made by money order for all subsequent months if checks are returned more than once in a school year.

MALVERNE AFTERSCHOOL CENTER, INC.

M. W. Downing School
55 Lindner Place
Malverne, NY 11565
Tel: 887-7267 Fax: 887-2524

Registration Package 2004-2005

Child's Last Name _____ First _____ Sex _____

Child's Address _____ Zip _____

Home Phone _____ Age _____ Birthdate _____ Calling Name _____

School (circle one) MWD DA HTH Grade _____ Room No. _____ Teacher _____

Parents/Guardians with whom child resides:

Name _____ Relationship to child _____

Social Security # _____ Cell phone _____ Work # _____

Employer Name & Address _____

Name _____ Relationship to child _____

Social Security # _____ Cell phone _____ Work # _____

Employer Name & Address _____

FOR OFFICE USE ONLY

Registration Requirements	Completed	School: MWD DA HTH
Registration Form		Monthly 6:50 AM
Emergency Information/Consent		Monthly 4:00 PM
Health Information		Monthly 6:30 PM
Permission/Policy Form		
Enrollment Agreement		
Promissory Note		Daily 6:50 AM
Registration Fee Received	Date:	Daily 4:00 PM
	Check No:	Daily 6:30 PM
June 2005 Deposit Received	Date:	
	Check No:	
First Month Tuition Received	Date:	Sibling
	Check No:	DSS Parent Daily Rate
Start Date		

Checked by _____ Date _____

Registration Fee Received	Date:	Daily 4:00 PM
	Check No:	Daily 6:30 PM

EMERGENCY INFORMATION

Child's Last Name _____ First _____ 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 _____
Employer _____ Work Phone _____

Name _____ Relationship to child _____
Address _____ Home Phone _____
Employer _____ Work Phone _____

Name _____ Relationship to child _____
Address _____ Home 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

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.

EMERGENCY INFORMATION continued

Child's Last Name _____ First _____ 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 _____

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-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 _____ 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 _____ in the Malverne Afterschool Center, Inc.
- 2) 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. 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 2 months 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 MONTHLY/DAILY TUITION payments are due no later than the 15th day of each month. If my tuition payment is not received by the 28th day of the month my child/ren will be discharged from MAC.
- 5) I understand that if my check is returned for insufficient funds, a fee of \$30.00 (subject to increases if bank fees increase) will be added to my bill. If this occurs more than once I will be responsible for paying my bill by money order 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 4:00 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 6:30 P.M. and I am late, I will be billed \$15.00 for the first 15 minutes. MAC will continue to bill me at the rate of \$15.00 for each 15 minutes or portion thereof.
- 8) I understand that if I have agreed to pick my child up by 4:00 P.M., I will be billed an additional fee of \$15.00 for picking my child up after 4:15 P.M.
- 9) I understand that under no circumstances will my child/children be released to anyone without authorization from the parent/guardian and proper identification.
- 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 on the program.

Malverne Afterschool Center, Inc.
ENROLLMENT AGREEMENT continued

- 11) 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).
- 12) I understand that I must inform MAC of any special needs, problems, daily medication or known medical conditions that my child may have.
- 13) **The MAC Program will not administrate medication during MAC program hours.**
- 14) I understand that there may be Parent Meetings during the year and that it is important to attend.
- 15) **I agree to participate in MAC fundraisers and/or MAC program activities designed to keep program tuition fee increases to a minimum.**
- 16) 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.
- 17) I understand that it is my responsibility to contact 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 and I will be charged a \$50 administrative fee for the change. No tuition changes can be made for the months of December, February, April and June.**
- 18) **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.**
- 19) 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.
- 20) I understand that I must notify the MAC office (516) 887-7267 if my child WILL NOT be attending MAC on any scheduled day.
- 21) 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.
- 22) **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* _____

