



**The Largest After School Provider in New York State  
2018-2019 Registration packet for programs in Western New York.**

Welcome to Healthy Kids Programs! We understand that childcare is one of your **most** important decisions and we are pleased that you have chosen Healthy Kids Programs to meet your childcare needs.



The Healthy Kids Before/After School Program is one of the largest, most experienced and highest quality providers of extended day childcare in New York with programs in dozens of elementary schools in Brooklyn, Cattaraugus, Cayuga, Chautauqua, Chenango, Delaware, Dutchess, Genesee, Greene, Orange, Orleans, Seneca, Ulster and Westchester counties. Our directors and staff are highly skilled, background-checked and credentialed. NYS Office of Children and Family Services licenses and oversees our programs. We gladly accept DSS and ACS.

We are here to help you in any way. If you need any information or have any questions, please e-mail or call us at 845 568 6100. Here is our team:

- Hailey Cougler, Regional Director at, [Hailey@HealthyKidsPrograms.com](mailto:Hailey@HealthyKidsPrograms.com) or call (845) 568-6100 ext 1016 or (585) 673-1198
- RaeAnne Nocera, Executive Director at [RaeAnne@HealthyKidsPrograms.com](mailto:RaeAnne@HealthyKidsPrograms.com) or call (845) 568-6100 ext 1004 or (845) 247-5572
- Jeanne Martin, Registration Director & DSS Specialist at [Jeanne@HealthyKidsPrograms.com](mailto:Jeanne@HealthyKidsPrograms.com) or call (845) 568-6100 ext 1002

Sincerely yours,

*The Healthy Kids Programs Team*

P.S. Register any time before July 1, 2018 and **pay nothing** until your first bi-weekly tuition is debited from your account on August 29th.



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This application is for the programs at the following locations:

<b>CATTARAUGUS COUNTY PROGRAMS</b>		
<b>GOWANDA CENTRAL SCHOOL DISTRICT</b>		
Gowanda Elementary	Drop off 6:30AM or 7:00AM	Pick up 6:00PM
<b>CAYUGA COUNTY PROGRAMS</b>		
<b>PORT BYRON CENTRAL SCHOOL DISTRICT</b>		
A.A. Gates Elementary	Drop off 6:30AM or 7:00AM	Pick up 6:00PM
<b>CHAUTAUQUA COUNTY PROGRAMS</b>		
<b>SILVER CREEK CENTRAL SCHOOL DISTRICT</b>		
Silver Creek Elementary	Drop off 6:30AM or 7:00AM	Pick up 6:00PM
<b>CHENANGO COUNTY PROGRAMS</b>		
<b>UNADILLA VALLEY CENTRAL SCHOOL DISTRICT</b>		
Unadilla Valley Elementary	Not Available	Pick up 6:00PM
<b>GENESSEE COUNTY PROGRAMS</b>		
<b>OAKFIELD ALABAMA CENTRAL SCHOOL DISTRICT</b>		
Oakfield Alabama Elementary	Drop off 6:30AM or 7:00AM	Pick up 6:00PM
<b>PAVILION CENTRAL SCHOOL DISTRICT</b>		
Dorothy B Bunce Elementary	Drop off 6:30AM or 7:00AM	Pick up 6:00PM
<b>ORLEANS COUNTY PROGRAMS</b>		
<b>KENDALL CENTRAL SCHOOL DISTRICT</b>		
Kendall Elementary School	Drop off 7:00AM	Pick up 6:00PM
<b>SENECA COUNTY PROGRAMS</b>		
<b>SENECA FALLS CENTRAL SCHOOL DISTRICT</b>		
Elizabeth Cady Stanton Elementary	Drop off 6:30AM or 7:00AM	Pick up 6:00PM
<b>WATERLOO CENTRAL SCHOOL DISTRICT</b>		
LaFayette Elementary	Drop off 6:30AM or 7:00AM	Pick up 6:00PM

For a complete Listing of Schools that host our before/after school program please go to:

[www.Healthykidsprograms.com](http://www.Healthykidsprograms.com)



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## BEFORE SCHOOL FEES

**Drop off as early as 6:30am**, available at the following locations:

- A.A. Gates Elementary
- Dorothy B Bunce Elementary
- Elizabeth Cady Stanton Elementary
- Gowanda Elementary School
- LaFayette Elementary School
- Oakfield Alabama Elementary
- Silver Creek Elementary

<b>6:30AM Drop off</b>	<b>6:30AM Drop off Fee</b>
5 days/week	\$50/week
4 days/week	\$45/week
3 days/week	\$35/week
2 days/week	\$25/week
1 day/week	\$20/week

**Drop off as early as 7:00 am**, available at the following locations:

- A.A. Gates Elementary
- Dorothy B Bunce Elementary
- Elizabeth Cady Stanton Elementary
- Gowanda Elementary
- LaFayette Elementary
- Kendall Elementary
- Oakfield Alabama Elementary
- Silver Creek Elementary

<b>7:00AM Drop off</b>	<b>7:00AM Drop off fees</b>
5 days/week	\$30/week
4 days/week	\$25/week
3 days/week	\$20/week
2 days/week	\$15/week
1 days/week	\$10/week



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## AFTER SCHOOL FEES

□

- **Pick up as late as 6:00PM**, available at the following locations
  - A.A. Gates Elementary
  - Dorothy B Bunce Elementary
  - Elizabeth Cady Stanton Elementary
  - Gowanda Elementary
  - LaFayette Elementary
  - Kendall Elementary
  - Oakfield Alabama Elementary
  - Silver Creek Elementary
  - Unadilla Valley Elementary

<b>6:00PM Pick Up</b>	<b>6:00PM Pick up fees</b>
5 days/week	\$50/week
4 days/week	\$45/week
3 days/week	\$35/week
2 days/week	\$25/week
1 day/week	\$20/week



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## TUITION AND PAYMENT INFORMATION

- 1) Healthy Kids Extended Day Programs offers 1, 2, 3, 4 and 5 day a week options.
- 2) Only children registered in elementary school or a pre-k program are eligible to participate in the Healthy Kids Extended Day Program.
- 3) If your school district makes the decision to dismiss school early or has a delayed opening due to snow or other unscheduled event, the Healthy Kids program will be cancelled.
- 4) Please note there are no refunds or credits given for days not attended, or for cancelled enrollment without proper notification.
- 5) The fees are collected bi-weekly. The bi-weekly fees are averaged out for 180 scheduled school days. Consequently, the bi-weekly is the SAME whether there are 10 school days in the upcoming two week cycle or a different number.
- 6) Attendance is specific to days of enrollment. There is no "switching days" or "making up days" due to a holiday, school cancellation, illness, or parent work schedule.
- 7) For all programs there is an annual registration fee:
  - ➔ If you enroll in the program by 7/1/18, the registration fee is waived; it is \$50/child if you enroll after 7/1/18; it is \$75/child if you enroll after 8/15/18.
  - ➔ There is a \$150/family cap on registration fees, regardless of the number of children.
- 8) Automatic payments.
  - ➔ Fees shown are for automatic withdrawal from a checking account. A \$5/payment surcharge is added for automatic payment with a credit card.
  - ➔ Fees are deducted bi-weekly prior to attendance. Student cannot attend program without payment. Fees will be pro-rated to reflect actual start date
- 9) Parents/Guardians now have 24 hour online access to attendance, billing and payment history as well as the ability to update information at any time. Brightwheel fee \$2.50/month/family.
- 10) Fees are collected bi-weekly prior to attendance on the following dates: 8/29, 9/12, 9/26, 10/10, 10/24, 11/7, 11/21, 12/05, 12/19, 1/02, 1/16, 1/30, 2/13, 2/27, 3/13, 3/27, 4/10, 4/24, 5/8, 5/22, 6/05 and 6/19.
- 11) Checks/debits that are returned are charged a \$30 fee per occurrence.
- 12) We gladly accept DSS. Please contact Jeanne for more information.



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## PROGRAM INFORMATION FOR PARENTS

- Healthy Kids Extended Day Programs offers 1, 2, 3, 4 and 5 day a week options.
- Children eligible to participate in the Healthy Kids Extended Day Program must be registered in elementary school or a pre-k program.
- Prior to beginning any Healthy Kids Program, all children are *required* to have a complete application on file including their medical history.
- If your child requires an epi-pen or an inhaler, you must fill out an Individual Health Care Plan for your child, and provide the program with the necessary medication for your child so we may assist in administering the medication if needed during program hours. This **must** be provided before your child starts the program.
- The program follows the schools district calendar.
- Healthy Kids is unable to provide supervision of students whose personal needs are greater than regulated staffing ratios allow.
- The Healthy Kids Extended Day Program operates under a license from the NYS OCFS which oversees and regulates childcare programs. Among the requirements of the license is a full background check of all staff (including fingerprinting).
- All parents/guardians must follow proper sign in and sign out procedures. We cannot overstate how important this is. If child (ren) is leaving with an approved person but someone other than their parent/guardian, photo identification must be presented.
- Children cannot attend program if they have a fever or contagious illness.
- Parents will be notified, and children must be picked up in the event of illness.
- Children must stay with group/leader at all times.
- Appropriate attire must be worn at all times. Please label all children's items.
- Healthy snack time will be provided daily for after school children, parents please send your child to program with a snack daily.
- Please leave all electronic devices at home. The only exception is cell phones which are to remain in the child's book-bags and are only to be used for emergency communication with parent/guardian.



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We ask all parents to go over this code of conduct with enrolled children. We place a high importance on all students treating others in a positive, respectful way. We follow a progressive discipline philosophy and will bring the parent in early in the process.

**Healthy Kids Extended Day Program Code of Conduct**

- We will always place safety first; which will mean regular buddy checks, safety drills and procedures to ensure child safety. Safety procedures are priority #1.
- Children are expected to be respectful, honest and kind. Use positive language, be gracious competitors, show good sports etiquette and share
- Be considerate to others and to the environment by cleaning up after yourselves.
- In a group situation, please no talking while someone else is speaking, always raise your hand if you have something to contribute and use inside voices indoors.
- Follow your program staff's directions, if you do not understand, ask questions!!!
- We have zero tolerance for violence and believe that there are no reasons or circumstances that call for violence. We require children to bring issues to staff person's attention for help in solving them before it escalates to violence.

**Consequences of not following code of conduct**

- The Director will determine disciplinary action after staff reports incidents. Consequences may include (1) a gentle reminder (2) a few minutes aside from group activity (3) call guardian and leave for the day (4) child will be removed from the program with no refund.
- Healthy Kids Extended Day Program reserves the right to immediately dismiss any child from the program for extremely disruptive behavior, for behavior placing a student/staff safety in jeopardy or any violence. Examples include but are not limited to: (1) intentionally hurting another child (2) stealing (3) refusing to comply with a safety directive (4) violence, etc.
- Any child who harms another will be expelled, WITH NO REFUND of tuition. This includes pushing, biting, and kicking, etc.

**Parent Handbook**

You will find more information in the parent handbook. You can find a printable version of the Parent Handbook on our website, [www.HealthyKidsPrograms.com](http://www.HealthyKidsPrograms.com) and you will receive a copy via e-mail as part of your registration confirmation correspondence.



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***Please complete and submit the following Registration pages***

**A. Tell us about the child(ren) you are enrolling**

1. Child's Name \_\_\_\_\_ Age on 9/2 \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender (M or F) Grade \_\_\_\_\_  
School \_\_\_\_\_ Program Start Date \_\_\_\_\_  
Program Site \_\_\_\_\_
2. Child's Name \_\_\_\_\_ Age on 9/2 \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender (M or F) Grade \_\_\_\_\_  
School \_\_\_\_\_ Program Start Date \_\_\_\_\_  
Program Site \_\_\_\_\_
3. Child's Name \_\_\_\_\_ Age on 9/2 \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender (M or F) Grade \_\_\_\_\_  
School \_\_\_\_\_ Program Start Date \_\_\_\_\_  
Program Site \_\_\_\_\_

**B. Tell us about you and how to contact you.**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. Numbers Home \_\_\_\_\_ Work \_\_\_\_\_

Cell number \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**C. Let us know if it's ok to use photos/videos of your child in marketing material.**

I grant permission to use photographs of my child taken at the Healthy Kids program for publicity purposes, including our Facebook Page. [Healthy Kids Facebook Page Click Here](#)

**PLEASE INITIAL HERE** \_\_\_\_\_



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D. Who you authorize to pick up your child (ren). Please note we will not release your child to anyone not listed below. Also, if the person who is authorized to pick your child up is not a parent/guardian we will ask for a photo id before releasing your child.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

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

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

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

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

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

E. Let us know that you agree with our (1) rules and regulations (2) code of conduct and (3) progressive discipline action plan.

I \_\_\_\_\_ (parent/guardian) have read the (1) rules & regulations (2) code of conduct and (3) progressive discipline action plan and agree with them. **PLEASE INITIAL HERE** \_\_\_\_\_

I, for myself and anyone entitled to act on my behalf, waive and release the Healthy Kids Program and its representatives from all claims and liabilities of any kind arising out of participation in this program or related activities. **PLEASE SIGN HERE** \_\_\_\_\_

I \_\_\_\_\_ (child(ren)'s name(s)) understand that hitting, using rude language or being mean to others is not allowed in the Healthy Kids Before/After School Program. I understand if I do any of those my parent (s) will be called and I could be expelled.

\_\_\_\_\_  
Child (ren)'s signature(s)

\_\_\_\_\_  
Date

While homework is an important element of our program, our main focus is on child development. We allow a maximum of 60 minutes for homework each day.. If you would like a lower homework limit for your child, just let us know below.

- My child will NOT do homework while attending the Healthy Kids Extended Day Program.

**PLEASE INITIAL HERE** \_\_\_\_\_

- My child will do homework for a maximum of \_\_\_\_\_ minutes per day Monday- Thursday.

**PLEASE INITIAL HERE** \_\_\_\_\_



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F. Although medical situations are rare and those that do occur are most often solved with a band aid we need to be prepared for any and every possible contingency.

**MEDICAL AUTHORIZATION**

In the event of serious illness or injury, I authorize the Healthy Kids Program Staff to obtain necessary emergency medical treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

Child (ren)'s Name (s) \_\_\_\_\_

Hospital insurance carrier \_\_\_\_\_

**Child's Physician** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**If guardian cannot be reached, list contact numbers to be used:**

#1 Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian name) have read, understand, and agree with all of the above.

**PLEASE SIGN HERE** \_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_ Date



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## Medical History

A separate form must be completed for each child.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

1. Has your child been under any medical care within the last year? If yes, why?  
\_\_\_\_\_
2. Is your child on any medication? Y or N. If yes, what is the name of the medication(s) \_\_\_\_\_  
**\*\*\*Note: ANY CHILD ATTENDING THE PROGRAM WITH EPI PENS OR INHALERS MUST FILL OUT AN INDIVIDUAL HEALTH CARE PLAN. PLEASE ASK JEANNE FOR THIS FORM, AND SUBMIT THIS FORM PRIOR TO YOUR CHILD STARTING THE PROGRAM.\*\*\***
3. Is your child allergic to penicillin or any other drugs? Y or N If yes, please list \_\_\_\_\_
4. Does your child wear any appliances? (Glasses braces, etc.) \_\_\_\_\_
5. Are there any current conditions that the staff should be aware of? \_\_\_\_\_
6. Is your child subject to any of the following? (check all that apply)  

_____ fainting spells	_____ headaches	_____ tonsillitis
_____ eczema	_____ stomach upset	_____ wetting
_____ abdominal pains	_____ hay fever	_____ convulsions
_____ diabetes	_____ sinus trouble	_____ frequent sore throat
_____ asthma	_____ bronchitis	_____ ear infections
_____ constipation	_____ mood disorders	_____ other, please list _____
7. Does your child suffer from:  

_____ lung problems	_____ kidney problems	_____ heart problems
_____ hernia	_____ epilepsy	_____ allergic reaction to bee stings
_____ other allergies, explain _____		
8. Please note we are not authorized to administer any medications. The exceptions are epi-pens and inhalers with a pre-approved personal health plan.

**PLEASE SIGN HERE** \_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_ Date



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## First Aid Kit - Child Information Summary - Page 1

We keep this form in the first aid kit at the extended day location it has a summary of all your child's important information. We strongly recommend including a photo in the top left hand corner.

<b>PHOTO OF CHILD (Optional)</b>	NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES			
	<i>DAY CARE REGISTRATION</i>			
	<b>Child's Full Name:</b>			
	Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your child allergic to?			
Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.				
<b>Child's Source of Medical Care/Primary Care Physician's Name:</b>			<b>Telephone Number:</b>	
<b>Child's Source of Dental Care/Dentist's Name:</b>			<b>Telephone Number:</b>	
<b>Name Of Medical Care Facility/Hospital:</b>			<b>Telephone Number:</b>	
Would you like information on Child Health Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>EMERGENCY DATA</b>	<b>RELATIONSHIP</b>	<b>CONTACT NAME</b>	<b>TELEPHONE NUMBER DURING CHILD CARE</b>	<b>OTHER TELEPHONE NUMBER (Check type)</b>
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

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## First Aid Kit - Child Information Summary - Page 2

<b>Provider/Day Care Facility Name and Address:</b> Healthy Kids Extended Day Program  <b>Location:</b>	<b>CHILD'S FULL NAME:</b>		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>CHILD'S HOME ADDRESS:</b>		DATE OF BIRTH:
			HOME TELEPHONE NUMBER:
	DATE OF ACCEPTANCE:	DATE OF DISCHARGE:	
	NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other	HOME TELEPHONE NUMBER:
			DAYTIME TELEPHONE NUMBER:
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):		
<b>AGREEMENTS</b> I 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. 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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 other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE</b>			<b>DATE:</b>

OCFS-LDSS-0792 (1/2005) REVERSE



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## Part One: Registration Fees

Child (ren)'s name \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ TelNumber \_\_\_\_\_

School \_\_\_\_\_ Before/After School Program Site \_\_\_\_\_

### Part One: Registration Fee

Please check your payment method for monthly tuition and date of registration

- Register **by** July 1, 2018; reg fee = waived
- Register **after** July 1, 2018; reg fee = \$50/child
- Register **after** August 15, 2018; reg fee = \$75/child

Line A: Registration fee per child = \_\_\_\_\_

**Line B: Registration fee x number of children (150/family cap) = \_\_\_\_\_**

Please note:

- If you have any questions about the automatic payment plan, e-mail Jeanne at [Jeanne@HealthyKidsPrograms.com](mailto:Jeanne@HealthyKidsPrograms.com)
- These fees are for automatic withdrawal from a checking account. Add \$5.00/ per payment for automatic payment with a credit/debit card.
- Fees are deducted the Wednesday prior to the week's start. Student cannot attend program on Monday without payment.
- These weekly fees are averaged out for 180 scheduled school days. Consequently, the weekly rate is the SAME whether there are 5 school days in the week or a fewer number.
- There are no refunds or credits for days missed, snow days or days that the school district cancels our program.



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## Part Two: Tuition

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

- Before-school Program
  - Before school location:(fill in) \_\_\_\_\_
  - Select drop off time -(circle one) 6:30am 7am
  - Select days:(circle days) Mon Tues Wed Thurs Fri
  - **Before School Tuition** (Rates on Page 3) \_\_\_\_\_
  
- After-school Program:
  - After school location:(fill in) \_\_\_\_\_
  - Pick up time - 6:00pm
  - Select days:(circle days) Mon Tues Wed Thurs Fri
  - **After School Tuition** (Rates on Page 4) \_\_\_\_\_

First child's tuition:

Line C: Brightwheel access fee \$2.50/family

Line D: Before and/or after school tuition = \_\_\_\_\_

<b>Line E: First child total</b>	<b>(lines C + D ) = _____</b>
----------------------------------	-------------------------------

***\*\*Automatic Payment Form on the following page is required and until it is complete your child may not start the program.\*\****



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## Part Two: Sibling Tuition

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

Before-school Program

- Before school location:(fill in) \_\_\_\_\_
- Select drop off time -(circle one) 6:30am 7am
- Select days:(circle days) Mon Tues Wed Thurs Fri
- **Before School Tuition** (Rates on Page 3) \_\_\_\_\_

After-school Program:

- After school location:(fill in) \_\_\_\_\_
- Pick up time - 6:00pm
- Select days:(circle days) Mon Tues Wed Thurs Fri
- **After School Tuition** (Rates on Page 4) \_\_\_\_\_

Sibling tuition:

Line F: Brightwheel access fee \$/waived for siblings

Line G: Before and/or after school tuition = \_\_\_\_\_

**Line H: First child & Sibling Tuition (lines E + G ) = \_\_\_\_\_**

**\*\*Automatic Payment Form on the following page is required and until it is complete your child may not start the program.\*\***



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