

Manhasset Afterschool Xperience, Inc.

C/o Munsey Park Elementary School
1 Hunt Lane
Manhasset, New York 11030

(516) 267-7594 office
(516) 343-8840 Director's cell
(516) 330-6504 Business Manager

E-mail: manhassetmax@yahoo.com

Website: www.manhassetafterschoolxperience.org

Enrollment Agreement

Please read, initial your agreement and complete the following forms where indicated. Thank you.

1. **I UNDERSTAND THAT I MUST INFORM THE M.A.X. DIRECTOR IF MY CHILD WILL NOT BE GOING TO SCHOOL AND WILL NOT BE COMING TO M.A.X. THEREFORE, THERE WILL BE NO CONFUSION WHEN SCHOOL IS DISMISSED. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR COORDINATING WITH MY CHILD'S SCHOOL TEACHER THE DAYS HE/SHE IS TO BE SENT TO M.A.X. (_____)**
(Provide initials here)
 - a) Notify the M.A.X. director if your child is at school on a scheduled M.A.X. day, but not attending M.A.X. **1:30PM** is the daily deadline for changing your child's schedule. Notify the M.A.X. Director via text at **516-343-8840**. (_____) (Provide initials here)
 - b) In the event of an unscheduled early school closing, you must submit in advance a written plan in case you cannot be reached. Hand in the attached form (pg 4) with your enrollment. (_____) (Provide initials here)
2. Please take note that our M.A.X. enrollment agreement covers payments for the FULL SCHOOL YEAR billed by trimester for your convenience. (_____) (Provide Initials here)
3. I wish to enroll my child/children, _____ in M.A.X. (Manhasset Afterschool Xperience, Inc.), a private non-profit organization registered by the New York State Office of Children and Family Services. I am the child's parent or legal guardian. (_____) (Provide initials here)
4. We are licensed by NYS Child and Family Services as a school-age child care program. M.A.X. reserves the right to determine whether or not a child may enroll in or remain in the program. As described in this agency's regulations, "A school-age child care program may not refuse to admit a child to the program solely because the child is a child with a disability". Each such child will be evaluated by the Program Director to determine whether the child could be accommodated in the program. Nothing contained in this paragraph shall be deemed to require the provider to incur significant additional expenses to modify the premises and/or program to accommodate said child. (_____) (Provide initials here)

5. I understand that I am registering my child/children for the **ENTIRE** 2019-2020 school year. Tuition Payment Schedule will be as follows: Invoices will be sent by email unless requested otherwise. (_____) *(Provide initials here)*

First Installment - due August 30, 2019

Second Installment - due November 29, 2019

Final Installment - due March 20, 2020

The tuition covers care after school, from dismissal time to 6:30 p.m., on regular school days and on special district clerical days as stated on the M.A.X. tuition rate sheet. I understand that VACATION WEEKS are at an additional cost of \$50.00 per day. **No child will be admitted to Vacation Week without complete payment by first day of drop off.** I also understand that these vacation days may not operate if the minimum quota is not met, at which time I will be issued a refund. (_____) *(Provide initials here)*

6. A late fee of \$50 will be assessed on payments received two weeks after the due date in #5. (_____) *(Provide initials here)*
7. **I UNDERSTAND THAT I MUST INFORM M.A.X. OF ANY SPECIAL ISSUES OR NEEDS MY CHILD MAY HAVE.** (_____) *(Provide initials here)*
8. I understand that I must pay a **\$75.00 non-refundable** registration fee per child. Tuition will be refunded only if my child care needs change before the school year begins. **I understand that if I become delinquent in payments by two weeks, I will receive a written reminder, be assessed a late-payment fee of \$50 and my child will be taken out of the program until full payment is made.** (_____) *(Provide initials here)*
9. **Annual review of tuition occurs in June of each school year and may be subject to change for the subsequent year, as conditions may require.** (_____) *(Provide initials here)*
10. I understand that the M.A.X. calendar is developed in coordination with the public school district calendar and will be enclosed in this packet. (_____) *(Provide initials here)*
11. I understand that I must give M.A.X two weeks' notice if I plan to withdraw my child from the program. If notice is not given, I agree to pay for those two weeks. (_____) *(Provide initials here)*
12. **I understand that M.A.X doors close at 6:30 p.m. and I agree to pick up my child or arrange for someone else to do so no later than 6:30 p.m.** If I send someone else to pick up my child, I must notify M.A.X. in writing or by phone. If I am late in picking up my child, I understand that my emergency numbers may be called. I understand that M.A.X staff members are paid only until 6:30 p.m., with no overtime. Therefore, I understand that if I am late in picking up my child more than twice, I must pay \$15.00 per half hour, per child each time I am late. **I understand that I must sign my child out each day and sign in and out on days that M.A.X. operates on full days.** (_____) *(Provide initials here)*

13. I understand that, on regular school days, I will be responsible for picking my child up at the end of the day **at his/her designated school**. On school/vacation weeks, I will be responsible for bringing my child to M.A.X. **at Shelter Rock Elementary School for children in both school programs** and picking him/her up at the end of the day. (_____) (Provide initials here)
14. I understand that if Manhasset Public Schools are closed for an emergency, M.A.X. will also be closed.
- a) If M.A.X has to close early, my written emergency dismissal plan (pg 4) will be used. Please call M.A.X, at any time if there is a change in your plan. (_____) (Provide initials here)
15. **I understand that M.A.X reserves the right to exclude from the program any child who was unable to attend public school in the morning because of illness, and to call parents to pick up any child who appears ill or shows signs of a contagious disease.**
(_____) (Provide initials here)
16. **I understand that medication may not be administered to my child without written permission from me or my child's doctor authorizing M.A.X. to do so.** This form is available at M.A.X. and follows the requirements established by New York State. Only medications for asthma or allergies will be administered at M.A.X. These medications must be presented in their original containers. Medications other than those for asthma or allergies must be administered by the parents or by the school nurse prior to coming to M.A.X.
(_____) (Provide initials here)
17. I understand that M.A.X. can administer over-the-counter topical ointments, sunscreen lotion and topical insect repellent without my prior written permission and that I must supply these products if I wish M.A.X. to administer them. (_____) (Provide initials here)
18. I understand that if my child is able to self-administer the aforementioned medications, I must give my written permission for my child to do so and jointly create a health care plan with M.A.X. and my child's physician. (_____) (Provide initials here)
19. I understand that I may visit M.A.X to observe the program at any time mutually convenient to M.A.X. and myself. (_____) (Provide initials here)
20. I understand that M.A.X. will provide two afternoon snacks. **If my child has special dietary requirements, I am responsible for providing the afternoon snack.** I am responsible for providing a lunch daily when M.A.X. is in session on school vacations, conference days and half-days. I agree to provide my child with non-perishable foods as access to refrigeration is limited. (_____) (Provide initials here)

WRITTEN EARLY DISMISSAL PLAN FOR EMERGENCY SCHOOL CLOSING

For our clarification it is better to have a plan on record in case you cannot be reached. You can always adjust it by calling the M.A.X. Director at 516-343-8840.

Name of Child/ Children _____

P.M. BUS ROUTE # (necessary in case of emergency dismissal) _____

Best way to reach you in an emergency: cell (call or text), work direct line, home) & # _____

Our main concern is that all our M.A.X. children get home safely.

- Please circle one of the options below for pick up or bus:
 1. If it's your child's M.A.X. day, please send my child/children to M.A.X. room. I will pick up child/children at M.A.X.
 2. Please send my child home on the PM Bus. I will have someone to take my child off the bus.

- Please circle one of the options below if you chose the bus option:
 1. You will be home to take your child off the bus
 2. You have in place an emergency contact you know will pick up your children at early school dismissal.

Please be considerate of the M.A.X. staff as they would like to leave as early as possible.

Please keep a copy of this plan for yourself as you will need to turn in this copy.

Additional information - Optional

_____ Parent Signature

_____ Parent Name

_____ Date

Please return the completed forms to M.A.X.: your child may not begin M.A.X. until all the forms listed below are on file.

- A) Enrollment Agreement (pg 1-6)
- B) WRITTEN Emergency Dismissal Plan for emergency school closing – attached page 4
- C) Release Form/health plan information included in packet (pg 1-3)

I have read the M.A.X. enrollment agreement, carefully shared the information with my spouse (or other legal guardian) and I fully agree to the contents.

DATE: _____ **Child/Children P.M. BUS #** _____

PARENT’S NAME: (Please Print) _____

CHILD: (Please Print) _____ DOB _____

CHILD: (Please Print) _____ DOB _____

ADDRESS: _____

PHONE: Mother’s cell _____ Mother’s work: _____

PHONE: Father’s cell _____ Fathers work: _____

PHONE: Home _____ EMAIL: _____

2nd EMAIL (optional) _____

School: _____ Grade: _____ Teacher: _____

Circle days child will attend:

Monday Tuesday Wednesday Thursday Friday

21. I understand that time will be provided for the completion of homework. Additionally, I understand that M.A.X. will offer my child activities appropriate to his/her age. (_____)
(Provide initials here)
22. I understand that M.A.X. is open to children who attend school within the area of the Manhasset School District regardless of race, color, religion, national origin, sex, or parents' marital status. (_____) (Provide initials here)
23. I understand that, for my child to be **registered at M.A.X.**, I, as parent or legal guardian, must complete and sign
- a) the enrollment agreement, (pg 1-6)
 - b) your written early dismissal plan (pg 4)
 - c) the release form/health plan information included (pg 1-3)
 - d) payment in full for first trimester including annual registration fee
- I must also submit at least three names, addresses and accessible numbers of people who may be contacted in an emergency if I cannot be reached and who are allowed to pick up my child if I am unable to do so (these names would be included in the *release form*). I will inform M.A.X. of any change in this list. Under no circumstances will my child be released to anyone not known to M.A.X. without authorization from the parent and a photo I.D.
(_____) (Provide initials here)
24. I agree to inform M.A.X. immediately of any changes in the pertinent information on all forms I have filled out for M.A.X. (_____) (Provide initials here)
25. No child will be released until parent/guardian signs child/children out at Security Desk.
(_____) (Provide initials here)
26. Early 2020-21 registration (reserve your child/children's spot) will be available in May 2020. Look for our email. \$75 per child paid with the form will reserve your child/children's spot (_____)
Provide initials here
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Manhasset Afterschool Xperience

Release Form (3 pages)

C/o Munsey Park Elementary School
1 Hunt Lane
Manhasset, New York 11030

516) 267-7594 (Office)
516-343-8840 Director's cell
516)-330-6504 Business Manager

E-mail: manhassetmax@yahoo.com

Website: www.manhassetafterschoolxperience.org

Date: _____

Child's Name (Last, First): _____ Grade 2019-20 _____ Teacher/School _____

*Please read, initial each permission and complete the following forms where indicated. Please also provide names of the persons that will be assigned for your child's alternate means of pick-up/transportation or for emergency situations, in the spaces provided on the following pages. Please return the completed release form to M.A.X. **Please keep a copy of the release for your records.** Thank you.*

PARENT SIGNATURE: _____ PRINTED NAME: _____

EMAIL ADDRESS: _____ **PM Bus #** _____

I GIVE PERMISSION FOR:

1. M.A.X. staff to render First Aid to my child as needed, or to contact my child's doctor if I am not available. (_____) *(provide initials here)*

Pediatrician/Name, address & phone # _____

2. M.A.X. staff to seek emergency medical treatment at Northwell Health (formerly the North Shore Hospital) for my child, in the event that I cannot be contacted immediately. The M.A.X. Director or Site Supervisor will call 911 and escort my child by ambulance to said hospital. (_____) *(provide initials here)*

3. M.A.X. to publish the art work and photographs of my child for publicity purposes and for fundraising for the M.A.X. program. (_____) *(provide initials here)*

4. My child's M.A.X. teacher to contact my child's classroom teacher for homework-related issues or clarifications. (_____) *(provide initials here)*

Manhasset Afterschool Xperience

5. If I or my spouse cannot pickup, or if M.A.X. is closed because of emergency conditions the following people are authorized. **[No child can be accepted into the program unless this item is completed and phone numbers and PM Bus # have been checked by M.A.X.]** (_____) (provide initials here)

NAME _____ RELATIONSHIP _____ CONTACT # _____
 NAME _____ RELATIONSHIP _____ CONTACT # _____
 NAME _____ RELATIONSHIP _____ CONTACT # _____

6. In the event that my child will have to be picked up by **any person** other than those listed on this form, I am responsible for alerting the M.A.X. Director and my child's M.A.X. teacher. I will either send a written/signed note or a phone call from myself to the Director **and** Teacher. (_____) (provide initials here)
7. I am responsible for my child's transportation from M.A.X. to home on regular school days. On full day sessions at M.A.X., I am responsible for my child's transportation to and from M.A.X. (_____) (provide initials here)
8. I also acknowledge and agree that it is **my responsibility** to call and alert the M.A.X. Director and my child's M.A.X. Teachers in the event that my child will not be coming to M.A.X. All children on any given day must be accounted for by their M.A.X. Teachers. (_____) (provide initials here)
9. I have read the M.A.X. contact information listed below. **Please keep these classroom phone #s, the Director's (516-343-8840) and the M.A.X. teacher cells handy as well.** (_____) (provide initials here)

M.A.X. main office: (516) 267-7594

Roni Jacobson, Program Director, cell phone: (516) 343-8840

Cheryl Schwab, Business Manager, cell phone (516) 330-6504

E-mail: manhassetmax@yahoo.com

M.A.X. classroom telephone numbers...

Shelter Rock: (516) 267-7496 (MINI M.A.X. & SENIOR M.A.X.)

Munsey Park: Please call Roni Jacobson at 516-343-8840 for 2019-20 classroom telephone numbers.

Signature of parent/legal guardian: _____ **Date:** _____

Manhasset Afterschool Xperience

Please provide your child/children's health insurance information in the spaces provided below, so that we may have it on file in the event of an emergency.

Date: _____

Child's Name (Last, First): _____ Date of birth: _____

- PLEASE SUPPLY US WITH YOUR CHILD/CHILDREN HEALTH INSURANCE INFORMATION
- AND ATTACH COPY OF HEALTH INSURANCE CARD AND PRESCRIPTION PLAN (if any)

Name of insurance carrier: _____ Phone: _____

Name of subscriber: _____ Policy #: _____ ID number: _____

Insurance email: _____

MEDICAL EMERGENCY RELEASE

Explanation: It is our firm hope that the authorization granted on this form will never be used. For the safety of the participant, however, sound medical practice calls for such authorization. In emergency situations, this form will be used only when absolutely necessary and only after every attempt has been made to contact the parent first. Doctors and hospitals refuse to give any treatment, regardless of how minor, unless they have authorization from the parents or notarized proxy.

I represent that I am the parent/legal guardian of the above-designated student who is a minor and I hereby empower the Manhasset Afterschool Xperience, Inc. program to act on my behalf in case of an emergency. Permission is hereby extended to the medical professionals selected by the M.A.X. program (Northwell Health and/or Ambulance provided by 911) to provide all necessary emergency medical attention, including anesthesia and surgery.

If you plan on being away, please inform us who you have designated as your notarized proxy.

Signature of parent/legal guardian: _____ **Date:** _____

Print name: _____ **Email address:** _____