

School year: **\$150**

\*This fee will be waived if you get your application in by August 15<sup>th</sup>, 2011

## Hudson Cliffs School (PS/IS 187)

**After School Enrollment for 2011 – 2012**  
**Monday, September 12<sup>th</sup> – Friday, June 22<sup>nd</sup>**

### Family Information: Please write legibly and fill out ALL of the information required

Guardian 1 Name:  Mr.  Ms.  Mrs. \_\_\_\_\_  
(Primary contact for child)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of emergency who else may we contact (other than a parent): \_\_\_\_\_

Their relationship to your child \_\_\_\_\_

### Child Information

1<sup>st</sup> Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  M  F Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

### Medical Information

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_ Does your child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any other medical conditions that we should know about? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_

Is there anything else we should know about your child in order to better assist us with his/her care? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

### Daily Enrollment Information

Please indicate the days you expect your child to attend most frequently. Please note that the activities may be subject to change. Total # of Days per Week \_\_\_\_\_. Please note that you can enroll no fewer than three days per week.

Monday      Tuesday      Wednesday      Thursday      Friday      Drop – In Only\*

**Enrollment Worksheet**

**Step 1:** Choose the number of days your children will attend Roads to Success (front of this application). 1<sup>st</sup> child # of days: \_\_\_\_\_ 2<sup>nd</sup> child # of days: \_\_\_\_\_

**Step 2:** Select payment option. Fees are determined by the number of children you have enrolled in the program as well as the number of days they will each attend the program. There are two options to pay these fees. **Option A** is paying for the Full Semester (Feb-June) all at once. **Option B** is paying the full semester fee in 5 Installments (see below for Installment Plan Payment Amounts & Dates).

<b>Option A.</b>			
<b>Full Semester Fees</b> (half days are included if you purchase a five day a week semester pass) (September 12th – February 1st)	<b>3 days per week</b>	<b>4 days per week</b>	<b>5 days per week</b>
<b>First Child –</b> Full Semester Fee (in One Payment)	\$830	\$1,060	\$1,300
<b>Additional Child(ren) - Full Semester Fee</b> (in One Payment)	\$747	\$954	\$1,170

<b>Option B.</b>			
<b>Installment Plan Amounts</b> (Amount due on the first of every month)	<b>3 days per week</b>	<b>4 days per week</b>	<b>5 days per week</b>
<b>First Child –</b> Installment Plan	\$166	\$213	\$260
<b>Additional Child (ren) –</b> Installment Plan	\$150	\$192	\$234

<b>Option C.</b>	
<b>Annual Pass</b> (Paid in full by September 12 <sup>th</sup> )	*This pass covers five days a week of programming for the entire school year and all DOE Half Days
<b>First Child</b> Annual Plan	\$2,400
<b>Additional Child</b> Annual Plan	\$2,160

**Other Services:**

Drop-In Service (3:00pm – 6:00pm) \$30/day  
Half-Day (11:30am - 6:00pm) \$30/day  
Late Fee \$10 every 15 minutes late.  
Late payments \$10 extra after the 5<sup>th</sup> day of the month.

- Check/Money Order
- Master Card  Visa  AmEx

**Step 3: Payment Method and Information**

- Pay for Full Semester  5 Installments

Check # or Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount to Charge \$ \_\_\_\_\_  
Name on Check or Card: \_\_\_\_\_

+ \$150  
TOTAL \$ \_\_\_\_\_

If choosing Option B, would you like us to charge your credit card automatically on the payment dates?  Yes  No

**Agreement**

1. I have read, understand and agree to Roads to Success After-School Policies and I understand and agree to the Payment Policies.
2. Roads to Success has permission for my child to participate in all programs, including field trips that are planned and supervised by Roads to Success.
3. Roads to Success has the unrestricted right to terminate this enrollment agreement at its sole discretion. In the event of such termination due to child behavior, Roads to Success is not obligated to refund tuition or any unused amount of the tuition.
4. Roads to Success has permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any lawful purpose.
5. Roads to Success has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that a parent/guardian or emergency contact cannot be contacted in an emergency, Roads to Success has the permission to have my child examined at a hospital emergency room.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please fill out the front and back of this form. Thank you!\***

Please return completed forms to: **Roads to Success** \*\*20 Jay Street, Suite #314 \*\*Brooklyn, NY 11201 \*\* (646) 213-4210 \*\*Fax 646.217.3147

## Parental Permission

Roads to Success has permission for my child to participate in programs that are planned and supervised by Roads to Success. Roads to Success has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that my family physician or I cannot be contacted in an emergency, I hereby grant Roads to Success Staff permission to bring my child to be treated at a hospital emergency room.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child Release Form

Please list all people who you would like to allow to pick your child up from the Roads to Success program. Please include your name along with any friends and/or family (including spouses, siblings, grandparents, etc.) Please note that if a person not listed on this form (*even a parent*) arrives to pick up your child, we will not be able to release your child to them. The people on this list are the **only** people who will be allowed to pick up your child, and they will also be listed as Emergency Contacts for your child.

I grant permission for:

Please Print Parent/Guardian 1 Name \_\_\_\_\_ Best Phone # to reach this person \_\_\_\_\_ Please Print Alternate Pick-up Person's Name \_\_\_\_\_ Best Phone # to reach this person \_\_\_\_\_

Please Print Parent/Guardian 2 Name \_\_\_\_\_ Best Phone # to reach this person \_\_\_\_\_ Please Print Alternate Pick-up Person's Name \_\_\_\_\_ Best Phone # to reach this person \_\_\_\_\_

to pick up my child \_\_\_\_\_ (Please Print Child's Name) \_\_\_\_\_ at any point during the day and/or at the end of the program day, from the Roads to Success.

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

Please return completed forms to: **Roads to Success** \*\*20 Jay Street, Suite 314\*\*Brooklyn, NY 11201 \*\* Phone (646) 213-4210 \*\*Fax (646)-217-3147



### **PS 187 Roads to Success After-School Payment Policies:**

- A One Time Application/Registration Fee of \$150** must accompany all new enrollment forms for 2011-2012 school year. This fee will be waived if the family submits their application with their first payment by August 15th.
- Parents must contact the Roads to Success main office if they plan to cancel enrollment for their child.
- Refunds** or **"make up"** days will not be issued for partial pay periods, program cancellation due to school decisions (weather), or for absences of a child **for any reason**.
- The **drop off fee** for **non-enrolled** children is **\$30** a day.
- There will be a fee of **\$10** per 15 minute for anyone picking their child up after **6:10 PM**.
- If payment is past due 5 days there is a \$10 late fee if more than **15 days**, Roads to Success may suspend enrollment until the balance is paid in full.

On days when school ends early (half-days), programming from 11:30am to 6:00pm will be an additional **\$30 per day for enrolled families.** (half-days are not available at all sites.)

There is a **\$25** fee for bounced or returned checks.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_