

• school's out, inc. •


— a non-profit, school age childcare program —
239 Delaware Avenue • Delmar, N.Y. 12054
E-mail: soi@schoolsoutinc.org Office: (518) 439-9300
Web Site: schoolsoutinc.org Fax: (518) 439-0404

Spring 2010

Dear Parents,

School's Out is now registering currently enrolled families in the program for the 2010-2011 school year and is pleased to announce that for the 4th straight year, tuition rates will remain the same. Please complete all of the enclosed forms and return them with the annual nonrefundable \$50.00 registration fee to the School's Out office by **Wednesday, April 14th**. After this date, enrollment will be open to families currently on our Priority List and then to the public. A \$100.00 deposit is required for new students coming into the program. Siblings not currently in the School's Out, Inc. program may register at this time.

If your child is currently in a school site, there is no guarantee of a school placement next year. Spaces are limited in the Elementary School Sites so we register on a first come, first serve basis. Forms are dated as they arrive at the office.

There is a discount for using both the five day Before and After School Program and a 10% sibling discount on the least expensive program. Part time 1 – 2 day schedules are available in the overflow site only. We offer payment options of cash, check, credit card or Tuition Express which will auto pay from your checking, savings or credit card (MasterCard or Visa). The form is available on our website, www.schoolsoutinc.org. **Families already enrolled in Tuition Express need not reapply.**

Vacation Care Full and Half Day Programs are priced separately. We do offer a Vacation Care Tuition Package, which is an additional monthly fee, guaranteeing your child a space in all full and half day programs. Please see the enclosed Tuition Fee schedule for more detailed pricing.

We look forward to enrolling your child(ren) with first priority for the September 2010 Before and After School Program. It is our pleasure to provide your family with the best school-age childcare program. If you have any questions, please feel free to call Meri or Debbie at the office at 439-9300 or e-mail us at soi@schoolsoutinc.org.

Sincerely,

Jayne Maloney
Executive Director

**SCHOOL'S OUT, INC.
REGISTRATION FORM
2010-2011 SCHOOL YEAR**

OFFICE USE ONLY

Start Date: _____

Child's Name: _____ Sex: M F Birth Date: ___/___/___

Address: _____ City/State/Zip: _____

School: _____ Grade (2010-2011) _____

Parent/Guardian #1: _____ Home Phone: _____

Employer: _____ Title: _____ Work Phone: _____

Daytime E-Mail : _____ Cell Phone: _____

Parent/Guardian #2: _____ Home Phone: _____

Employer: _____ Title: _____ Work Phone: _____

Daytime E-Mail : _____ Cell Phone: _____

In case of emergency, list at least two people (18 years of age or above) to be contacted if neither parent can be reached and for authorized pick up.

Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

Program Enrollment: Please check (✓) the Program(s) You Wish To Register Your Child

Before School Program _____ Full Time (3-5 days) _____ Part Time (1-2 days) _____

Please Circle Days Needed **M T W Th F**

After School Program _____ Full Time (3-5 days) _____ Part Time (1-2 days) _____

Please Circle Days Needed **M T W Th F**

Vacation Care Package (please ✓ if you wish to participate in the Vacation Care Package- enrollment limited)

HEALTH INFORMATION / MEDICAL TREATMENT

Please list any disabilities, allergies, medical conditions, prescriptions* or special concerns:

*If your child will require medication during the school year, please check here _____ so that we may send you a Medication Authorization Consent Form.

My child receives Special Services from the School District. Yes No (Circle One)
If yes, give a brief description: _____

As Parent or Legal Guardian of _____, I hereby authorize School's Out, Inc., in an emergency, to grant consent to any physician deemed appropriate to conduct the required tests and provide necessary medical treatment/care to the above named child, if Parent #1 or Parent #2 cannot be reached.

Parent/Guardian Signature **(Required)**

Date

Name of Physician or Medical Service

PHOTO CLEARANCE

{ } Has my permission to photograph my child.

{ } Please do not photograph my child.

PAYMENT AGREEMENT

Please check (✓) one of the payment options below.

___ **Ten monthly tuition payments** - due the first calendar day of each month (September 1st – June 1st)

___ **Ten monthly tuition payments** – Tuition and Vacation Care Package due the first calendar day of each month.

___ **Two payments:** September – December (4 months) payable on September 1st and
January – June (6 months) payable on January 1st

___ **One payment** for the entire school year due September 1st or when enrolling after this date.

I acknowledge that all information given is current and accurate.

I agree to abide by the policies and procedures of School's Out, Inc.

(This authorization is valid throughout the school year ending the last day of June 2011, unless revoked in writing)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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REQUEST FOR SPECIAL TRANSPORTATION – 2010-2011 (Storefront Site)

I have enrolled my child(ren) in the SCHOOL'S OUT, INC. program and I am requesting from the Bethlehem School District that my child(ren) be picked up from his/her/their morning site (School's Out Storefront) and transported to school or transported to their afternoon location (School's Out Storefront) after school rather than to my home. I understand that such a service can only be provided as long as it does not preclude or diminish the School District's ability to meet its primary transportation obligations.

Signed: _____
 (Parent or Guardian) (Date)

I am requesting this service for the student(s) named below and for the day(s) indicated. I am requesting this service to begin on the first day of school in September 2010 or _____.
 (Date)

| <u>Student's Name</u> | <u>School</u> | <u>DAYS OF THE WEEK</u> | | | | | <u>Office Only</u> | |
|-----------------------|---------------|-------------------------|----------|----------|-----------|----------|--------------------|----------------|
| | | <u>M</u> | <u>T</u> | <u>W</u> | <u>TH</u> | <u>F</u> | <u>AM Site</u> | <u>PM Site</u> |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

All changes in schedules during the school year are the responsibility of the parents. Please notify the Transportation Department of such changes, as well as the School's Out office, with **two (2) weeks written notice**.

ANY **CHANGES** IN SCHEDULES received between **August 9 – September 7** will not take effect until **September 20**, as requested by the Transportation Department. New enrollments received between **August 9 - September 1** will not be bused until **September 20**.

If the Bethlehem School District is closed per the school calendar or for emergencies such as inclement weather, no service will be provided that day.

Please return this form to the School's Out office. We will distribute it to the Transportation Department. Thank you.

SCHOOL'S OUT, INC
TUITION FEES
2010 – 2011

Tuition Frozen at 07-08 rates!

REGISTRATION FEE non-refundable annual fee, per family \$50

BEFORE & AFTER SCHOOL PROGRAMS (Grades K-5)

| | | 1-2 days* | 3-5 days |
|-----------------------|---------------------------------|-----------|----------|
| BEFORE SCHOOL | 7:30am – 9:15am | \$100 | \$98 |
| AFTER SCHOOL | 3:00pm – 6:00pm | \$100 | \$157 |
| BEFORE & AFTER SCHOOL | 7:30am – 9:15am/3:00pm – 6:00pm | \$100 | \$254 |
| *at Storefront only | | | |

VACATION CARE PROGRAM NO REFUNDS / Sibling discount applies

| | | PER DAY |
|--|--------------------|---------|
| FULL DAY | 7:30 am – 6:00 pm | \$39 |
| HALF DAY | 11:45 am – 6:00 pm | \$27 |
| Private School (BCSD half day) After School Care | | \$10 |

PREPAID YEARLY VACATION CARE PACKAGE

PER MONTH
\$74

Limited number of vacation care packages available.

MISCELLANEOUS FEES

| | | |
|------------------------|---|----------------|
| LATE FEES | on the 11 th calendar day of the month | 5% |
| | on the 30 th calendar day of the month | 5% |
| RETURNED CHECK FEE | per check | \$35 |
| AUTO PAY DECLINE | per transaction | \$35 |
| 2 ACCOUNTS for 1 CHILD | monthly fee | \$10 |
| CHILD SEARCH FEE | after two searches | \$15 |
| SCHEDULE CHANGE FEE | after one schedule change | \$10 |
| LATE PARENT PICKUP | after 6:00 pm | \$1 per minute |

Two (2) weeks written notice in advance is required for withdrawal from the program
 All deposits are credited against the last month your child attends the program
 10% sibling discount (on the least expensive program)
 MasterCard / Visa / Checks accepted OR Tuition Express Auto Pay deducted from your checking or savings account