**Catskill Community**

**Before School Care Program 2018-2019**

The Catskill Community Center offers before school care to students in grades K - 5 at the Catskill Elementary School. The Before School Care Program runs from 7:15 – 8:30 am in the CES cafeteria. Drop off at the CES cafeteria doors, found at the rear of the building, opens at 7:15am. Children will participate in activities ranging from board games, coloring and homework assistance to organized gym time. Students will be released to the care of CES staff at 8:30am each school day.

**Family Size One Student Two Students Three Students**

|  |  |  |  |
| --- | --- | --- | --- |
| September | $90.00 | 135.00 | 180.00 |
| October | $100.00 | 150.00 | 200.00 |
| November | $90.00 | 135.00 | 180.00 |
| December | $80.00 | 120.00 | 160.00 |
| January | $105.00 | 157.50 | 210.00 |
| February | $75.00 | 112.50 | 150.00 |
| March | $105.00 | 157.50 | 210.00 |
| April | $80.00 | 120.00 | 160.00 |
| May | $110.00 | 165.00 | 220.00 |
| June | $80.00 | 120.00 | 160.00 |

*\*\* Checks payable to: Catskill Community Center \*\**

**School Delays & Closings -** In the event that Catskill Central School District is delayed; the Community Care Program will follow the same delay (i.e. school delayed 2 hours, CCP will open at 9:15). In the event school is closed due to inclement weather, the Community Care Program will also be closed.

**Payment & Registration -** To better serve your student, we request payment ***each month in advance*** of $5.00 per day per student ($2.50 per day for each additional student in the same family). Drop-In care is available at the cost of $7.50 per student per day.

**Further Information –**

(518)719-8244 or [office@catskillcommunitycenter.org](mailto:office@catskillcommunitycenter.org)

with any questions or concerns.

**Catskill Community**

**Before School Care Program**

**2018/2019 Registration Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Name** | **Date of Birth** | **Grade** | **Teacher** | **Fee** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Parent/Legal Guardian Information (please print clearly):**

Parent/Guardian #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information:**

Insured Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Group ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you cannot be reached in case of emergency, who do you wish to be notified?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any serious allergies or conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any important additional information about your child that our staff should be aware of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Agreement:**

I agree to make monthly payments to The Community Before School Care Program (annual or biannual payments may be made also).

I understand that there will be no refunds under any circumstances, including withdrawal from the Community Care Program.

I consent to my student(s) image being used by the Catskill Community Center on both the Community Center website and Catskill Community Center social media pages with the purpose of marketing and/or education.

Catskill Community Center reserves the right to terminate services offered to student(s) due to lack of payment and/or behavioral issues.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/Legal Guardian Signature Date*