

INFORMATION FORM

Note: Please use **black ink only** and include all information requested. Print legibly; in an emergency we must be able to reach you without delays. Keep us informed throughout the year if work, home or emergency numbers change or if place of employment changes.

Please circle your child's school

Chatsworth Murray Central Mamaroneck Ave. Hommocks-6th Other _____

PLEASE PRINT LEGIBLY AND KEEP ALL TELEPHONE NUMBERS CURRENT

Child

NAME _____ DATE OF BIRTH _____
ADDRESS _____ GRADE 2017-2018 _____
_____ (Zip _____) ROOM NUMBER _____
TELEPHONE (_____) _____ Gender _____ Email _____
TEACHER 2017-2018 _____
(IF UNKNOWN, CALL US WHEN INFORMATION IS AVAILABLE)

FAMILY

PARENT 1

NAME _____
ADDRESS _____
_____ (zip) _____
TELEPHONE (_____) _____
NAME OF EMPLOYER _____
ADDRESS _____
_____ (zip) _____
BUSINESS PHONE (_____) _____
CELL PHONE NUMBER _____
(_____) _____
WORK HOURS _____

PARENT 2

NAME _____
ADDRESS _____
_____ (zip) _____
TELEPHONE (_____) _____
NAME OF EMPLOYER: _____
ADDRESS _____
_____ (zip) _____
BUSINESS PHONE (_____) _____
CELL PHONE NUMBER _____
(_____) _____
WORK HOURS _____

In an emergency, which parent should we call first: **PARENT 1** or **PARENT 2** (circle one)

If blended family:

PARTNER 1

NAME _____
ADDRESS _____
_____ (zip) _____
TELEPHONE (_____) _____
NAME OF EMPLOYER _____
ADDRESS _____
_____ (zip) _____
BUSINESS PHONE (_____) _____
CAR PHONE NUMBER _____
(_____) _____
WORK HOURS _____

PARTNER 2

NAME _____
ADDRESS _____
_____ (zip) _____
TELEPHONE (_____) _____
NAME OF EMPLOYER: _____
ADDRESS _____
_____ (zip) _____
BUSINESS PHONE (_____) _____
CELL PHONE NUMBER _____
(_____) _____
WORK HOURS _____

CHILD'S FULL NAME _____

SIBLINGS

NAME	AGE	SCHOOL	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHYSICIAN'S NAME _____
ADDRESS _____
 _____ (zip) _____
TELEPHONE (_____) _____

NOTE: ENROLLMENT IS NOT COMPLETE WITHOUT TWO AVAILABLE, LOCAL LARCHMONT/MAMARONECK CONTACTS.

LOCAL Larchmont/Mamaroneck PERSON TO BE CONTACTED IN CASE OF EMERGENCY OR ILLNESS WHEN PARENT(S) CANNOT BE REACHED. EMERGENCY CONTACTS CANNOT LIVE IN THE CHILD'S HOME. (PLEASE BE SURE THAT THESE TELEPHONE NUMBERS ARE KEPT CURRENT FOR YOUR CHILD'S SAKE.)

CONTACT ONE		CONTACT TWO	
NAME _____	NAME _____	NAME _____	NAME _____
ADDRESS _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
_____ (zip) _____	_____ (zip) _____	_____ (zip) _____	_____ (zip) _____
TELEPHONE (_____) _____	TELEPHONE (_____) _____	TELEPHONE (_____) _____	TELEPHONE (_____) _____
RELATIONSHIP _____	RELATIONSHIP _____	RELATIONSHIP _____	RELATIONSHIP _____
HAS PERMISSION TO PICK UP MY CHILD: YES _____	HAS PERMISSION TO PICK UP MY CHILD: YES _____	HAS PERMISSION TO PICK UP MY CHILD: YES _____	HAS PERMISSION TO PICK UP MY CHILD: YES _____

ADDITIONAL PERSON(S) PERMITTED TO PICK YOUR CHILD UP FROM THE CHILDREN'S CORNER. PLEASE SPECIFY CAREFULLY - YOUR CHILD WILL ONLY BE RELEASED TO THE PEOPLE YOU INDICATE. YOU MAY ADD PEOPLE TO THIS LIST IN WRITING. WRITE FULL NAME OF PERSON AND CELL PHONE NUMBERS.

PARENT 1 _____	OTHER _____
PARENT 2 _____	OTHER _____
OTHER _____	OTHER _____
OTHER _____	OTHER _____

IDENTIFICATION WILL BE REQUIRED TO BE SHOWN BY PICK UP PERSON.

Does your child have any special disabilities, allergies, health needs or other problems we should know about? _____

Special interests or activities enjoyed by your child?

Arts & Crafts _____ Reading _____ Board Games _____ Sports _____ Music _____ Drama _____ Puzzles _____
 Cooking _____ Woodworking _____ Science _____ Drumming _____ Other _____

Homework Preference- Do homework: first _____ Play first _____ Does not have to do homework _____

What would you like your child to get out of this program? _____

SIGNATURE of Parent or Guardian _____ **Date** _____

THE CHILDREN'S CORNER OF LARCHMONT-MAMARONECK, INC.

SAMPLE SCHEDULE

A.M. PROGRAM

7:30 - 8:40 a.m. Quiet games, crafts, homework help, creative play

AFTER-SCHOOL PROGRAM

3:00 - 3:35 p.m. Take bus if needed from elementary school to The Children's Corner. Group meeting including taking attendance and discussing options for the day. Also, planning for future days and sharing news.

3:35 - 5:00 p.m. Have a healthy snack when you're hungry

3:35 - 6:00 p.m. Choice of planned activities such as sports, drama, crafts, science, cooking, board games, homework, computer or create your own fun

6:00 - 6:30 p.m. (space limited)
Extended time includes finishing projects, special games and activities

6:30 - 7:00 p.m. Same as above

**THE CHILDREN'S CORNER OF LARCHMONT - MAMARONECK, INC.
POLICY STATEMENT**

1. The Children's Corner is open to all elementary school children four - twelve residing in the Mamaroneck School District regardless of race, creed or ethnic origin.
2. Children are given a routine health check each day upon arrival. Any child who shows symptoms of contagious disease will be isolated and you will be notified to pick your child up immediately.
3. When a child is picked up the parent or guardian or designated adult must sign the child out.
4. If a child is picked up after the contracted time, you will be charged for the next time slot.
5. **The program closes at 6:00 p.m...** Unless you have contracted for extended time, there is a late charge of \$10.00 for each 15 minutes past 6:00 p.m. After three late arrivals (past 6:00 p.m.) you will be automatically contracted for extended time to continue using the program. To reserve a space for extended time on an occasional basis, you must call the center by 4:00 p.m. on the day you will need the extra time. The fee for this is \$10.00 per day. Occasional space is not guaranteed. If you arrive after 6:30 p.m. & have not requested occasional space until 7p.m. you will pay a late fee of \$20.00 every 10 minutes. You may request occasional use until 7 p.m. Fee is \$25 for a 6:30 p.m. contract and \$50 for a 6 p.m. contract.
6. Staff members may not transport children at any time; therefore, commercial transportation (i.e. taxi) will be used at the parent's expense if transportation is necessary. Staff members may not transport them home.
7. The Children's Corner cannot refund fees for days children are absent nor can it accommodate make-ups days for missed days. **All contracts are binding for the school year.** Only changes to add time are allowed. For extenuating circumstances, a written request must be submitted 30 days in advance to the policy committee for review. If approved, a \$125.00 out of contract fee will be charged.
8. Monthly tuition is computed on a yearly basis using the total number of school days from Sept.-Jun. The total is divided into 10 months. You are paying for the total number of days in your child's school year NOT counting days when school is closed.
9. A nutritious snack will be provided for your child every day. Children requiring a special diet must bring written instructions signed by a physician indicating all restrictions and special treatment.
10. **The Children's Corner staff will not administer medication of any kind to a child.**
11. If a group setting is not in the best interest of a child, the Director will request that the child be withdrawn from the program.
12. Once you reserve occasional space, you will be responsible for the daily fee even if you do not attend because staff is scheduled on a daily basis directly related to daily enrollment.
13. You must notify The Children's Corner at least one half hour before school dismissal if your child will be absent on any day for the after-school programs. The first time you fail to notify us, you will incur a \$25.00 fine. The second time you fail to notify us the fine is \$35.00. The third time your child will not be allowed to attend the Center for a week. If there is a fourth time, the Board of Directors will notify you when your child can return to the program.
14. Returned check fee is \$35.00 and you will only be allowed to pay with money order or cash going forward.
15. **Occasional space is not guaranteed.**
16. IF there is sufficient enrollment, a school bus will bring the children to the Hommocks for our program.

I have read the above policies and agree to abide by them.

SIGNATURE of Parent or Guardian _____ **Date** _____