



MOREAU COMMUNITY CENTER
making community connections

Presents...



KidS KorNer 2018-2019

Important Notes

- Children need to be re-registered for the program every school year. All previous balances must be paid in full in order for your child(ren) to be eligible to start the new program. There is a family registration fee of \$25.00 which is due before the child(ren) can start Kids Korner.
- Payments are due weekly or bi-weekly. Payments can be made by mail to the Moreau Community Center 144 Main Street, South Glens Falls, NY 12803, online at www.moreaucommunitycenter.org, in person at the Moreau Community Center or dropped in the grey drop box in the main entrance to the Center. If you don't stay current with payments, your child(ren) will not be able to attend the program unless you contact us to make payment arrangements. We reserve the right to assess a \$25.00 late fee after 4 weeks of non-payment.
- The AM program begins at 7AM. Please do not drop your child off earlier than that as we cannot get into the building. The PM Program runs until 6PM. If you don't pick up your child by 6PM you will be charged a \$25.00 late fee. If we are unable to reach parents/guardians or anyone on the emergency contact list by 6:30PM we will take your child to the Moreau Community Center and alert the local authorities.
- When school is closed, the programs are also closed (i.e. holidays, superintendent days, and school vacation days). If there is a 2 hour delay the AM program will be closed. If the school cancels all afternoon activities the PM program will remain open. If the school has an early dismissal due to inclement weather or an emergency the PM Kids Korner program will be closed. During half-day conference days, Kids Korner will be in session. Please note that you need to call the Community Center to sign up for the half day program, so we can appropriately staff the program.
- ALL toys from home stay at home. This includes electronics/phones (e-readers are allowed). We are not responsible for any personal items that are stolen, lost, and/or broken.
- Hats are NOT allowed to be worn at Kids Korner. This is consistent with the school policy.
- Appropriate footwear must be worn in the gym and on the playground. This is consistent with the school policy.
- A healthy snack will be provided in the PM program. If your child doesn't like the snacks that we provide or has a food allergy, please pack a snack for him or her.
- All changes to this application during the school year such as changes to the authorized pick up list, emergency contacts, addresses, email, employment changes, etc. must be recorded at the Moreau Community Center as soon as possible. 518-792-6007 ext. 17 (Jenn) or ext. 23 (Sarah)

Registration Form

Registration is **preferred to** be done in person. A new application and registration fee must be completed every school year. If you cannot come to the Community Center during working hours, you may mail your application, but it must include the \$25.00 registration fee.

A \$25.00 Registration is due upon sign up for Kids Korner

AM Program (Start time 7:00AM)

If your child will be attending the program on a weekly basis the fee will be:

\$45.00 per week for the first child

\$25.00 per week for each additional child

If your child will be attending the program on an occasional basis the fee will be:

\$20.00 per day for the first child

\$17.00 per day for each additional child

Please note that after the second day the regular weekly fees will be charged.

PM Program (Pick up by 6:00PM)

If your child will be attending the program on a weekly basis the fee will be:

\$55.00 per week for the first child

\$30.00 per week for each additional child

If your child will be attending the program on an occasional basis the fee will be:

\$25.00 per day for the first child

\$17.00 per day for each additional child

AM and PM weekly fee for one child is \$100.00

AM and PM weekly fee for two children is \$155.00

LATE FEE

*If your child(ren) is not picked up by 6:00PM a late fee of \$25.00 will be charged. Please note that after the second offense your child(ren) may be dismissed from the program. Please note that we need to leave the school in a timely fashion. If you cannot pick up your child(ren) by 6PM regularly, you will need to seek an alternate program. If your child(ren) is not picked up by 6:30, all emergency numbers will be called. If your child(ren) is not picked up by 6:30PM, we will take your child to the Community Center and alert the local authorities.

*Students attending Oliver Winch Middle School are eligible to attend Kids Korner at Harrison Avenue elementary school. If your child attended Ballard they will be able to attend the Ballard Kids Korner Program. They will be bussed from OWMS.

Contact Information

1st Child's Name _____ Sex (Please circle) M or F

Date of Birth ___/___/___ Age _____ Grade _____ Ethnicity _____

2nd Child's Name _____ Sex (Please circle) M or F

Date of Birth ___/___/___ Age _____ Grade _____ Ethnicity _____

Address _____

_____, _____, _____
(City) (State) (Zip)

Please check those that apply

School

Ballard _____
Harrison Ave. _____
Moreau _____
Tanglewood _____

Attendance

Morning (Daily) _____
Morning (Occasional) _____
Afternoon (Daily) _____
Afternoon (Occasional) _____

Oliver Winch
Middle School _____

Afternoon (Daily) _____
Afternoon (Occasional) _____

Family Doctor

_____ Phone _____

Family Dentist _____ Phone _____

Does your child have any allergies? _____

Please list any medications that your child takes _____

Is there any factor(s) that make is advisable for your child to follow a limited program of physical activity, i.e. heart condition, recent fractures, surgery, asthma or extreme fears? If so, what?

Other information/disabilities? _____

Medical Treatment

I authorize treatment of minor medical needs by staff Yes No

I, being the parent or legal guardian of the above-named minor, do hereby appoint a representative of the Moreau Community Center to act on my behalf in authorizing emergency medical, dental, or surgical care or hospitalization for the above-named minor in my absence.

Signature

Date

Contact Information

#1 Parent/Guardian Name _____

Address (If Different from child's) _____

_____, _____, _____
(City) (State) (Zip)

Phone _____ Cell _____

E-mail _____

Place of Employment _____ Phone _____

#2 Parent/Guardian Name _____

Address (If Different from child's) _____

_____, _____, _____
(City) (State) (Zip)

Phone _____ Cell _____

E-mail _____

Place of Employment _____ Phone _____

Person to notify in case of Emergency _____

Phone # _____, _____, _____
(Home) (Work) (Cell)

Person(s) other than parents authorized to pick-up child (please list their relationship)

(Name) (Relationship)

(Name) (Relationship)

(Name) (Relationship)

(Name) (Relationship)

(Name) (Relationship)

Waivers & Rules

Liability Waiver & Rule Acknowledgement

I absolve the Civic Center of Moreau, Inc. d.b.a. The Moreau Community Center and any of its employees and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in a Moreau Community Center sponsored program and any areas that may be encompassed thereof. Parents will be accountable for damage caused by their child(ren). No disorderly conduct will be tolerated. Swearing, physical contact, verbal abuse, weapons or items that could be used as weapons will not be permitted. **Personal belongings of (toys, electronics, including ipods etc) are not permitted at Kids Korner. Cell phones are permitted for 11/12 year olds but must be put away during the program and pictures can't be taken with them.**

Suspension or expulsion is our last resort, but please note that ALL FEES are NON-REFUNDABLE.

Signature

Payment Policies

Payment is due by the end of each week or bi-weekly. If you get behind by more than 2 weeks, your child will not be able to continue attending. We reserve the right to assess a late fee of \$25.00 after 4 weeks of non-payment. Payment will not be accepted at the program sites. Please pay the Community Center via any of the following methods: (Please include your child's first and last name on your payments)

- Check
- Credit Card
- Cash
- Paypal

Additional Information

If you have any additional questions or need further information on the information on this application, please contact Jennifer Rich at the Moreau Community Center at 518-792-6007 ext. 17. The Moreau Community Center hours of operation are Monday through Friday from 8:00AM-4:00PM.

Late Fee Charges

If your child(ren) is not picked up by 6:00PM a \$25.00 late fee may be charged to you. If no one shows up or cannot be reached by 6:30pm, staff will notify the Youth Director and arrangements will be made to take your child(ren) to the Moreau Community Center.

Returned Check Fee

There will be a \$30.00 fee for any check returned from the bank because of insufficient funds, etc. You will be responsible to pick up your check at the Moreau Community Center immediately upon notification.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

TRANSPORTATION CONSENT FORM

Child Day Care Programs

Provider Name: Moreau Community Center Facility ID Number: 00041790/91/92/93 SACC

Program Name: Kids Korner

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan 9/6/2018 to 6/27/2019

I give permission for my child (*name*) _____
to be transported by (*caregiver names and/or transportation contractor arranged for by the program*) The South Glens Falls School District. Only SGF approved bus drivers will drive the busses.

At the following times (*check all that apply*):

- Only as recorded on the posted transportation schedule for my child
- Other (explain) - On Half Days Tanglewood and Moreau will ride the bus to Harrison. Parents will pick up at Harrison Elementary School
- Ballard students will stay at Ballard unless there is an emergency. Parents will be notified in the event that this needs to happen.
- OWMS students will ride to Harrison. If Ballard is the students home school they will go to Ballard.

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

Date _____



144 Main Street
South Glens Falls, NY
12803

Phone: 518-792-6007
Fax: 518-792-0837
Email: info@moreaucommunitycenter.org

Moreau Community Center

MOREAU COMMUNITY CENTER RELEASE FORM

(Please check all boxes that apply)

I hereby grant permission for Moreau Community Center to use photographs that show my child participating in the Center's program(s), in official printed materials such as approved brochures, newsletters and the Center's web site. The Center will assure no names or identifying information are included, will use group photo settings rather than individual photos, and will limit use to official purposes only. I understand that these materials will be available to the public in printed form and/or on the Center's Internet web site, which can be seen by individuals with access to the World Wide Web (www.).

I DO NOT give permission for Moreau Community Center to use photographs that show my child participating in the Center's program(s), in official materials such as approved brochures, newsletters, and the Center's web site.

In the event of an emergency at our Kids Korner Program, your child(ren) will be bussed to an alternate location and you will be notified immediately.

Child(ren) Name(s): _____

Program: Kids Korner

Parent Signature: _____

Printed Name: _____

Date: _____