



---

**MOREAU COMMUNITY CENTER**  
*making community connections*

**Presents...**



**KidS KorNer 2019-2020**

## Important Notes

- 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 open at 9AM.** 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 Rich) or ext. 23 (Sarah Spitzer)

## Registration Form

Registration **is preferred to** be done in person. A new application and payment contract 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 disenrolled 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 6<sup>th</sup> grade at 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.



MOREAU COMMUNITY CENTER  
*making community connections*

144 Main Street, South Glens Falls, NY 12803  
Phone: 518-792-6007 Fax: 518-792-0837  
[www.moreaucommunitycenter.org](http://www.moreaucommunitycenter.org)

### **Provider/Parent-Guardian Child Care Payment Agreement**

The Moreau Community Center's Kids Korner Before and After-school program and Camp Moreau summer program is committed to the operation of a safe, quality environment for South Glens Falls children in grades K-7. We pledge to make your child's care and well-being a priority and to communicate openly.<sup>44</sup>

To run a quality care program, it is essential that fees are paid on time. Our staffing and supplies are directly supported by these fees.

Upon registration, a \$25.00 fee and first week's payment are due. Please note that if you owe any fees from the previous school year or summer camp, you will not be allowed to register your child until those fees are paid in full. Payment will be due on Friday for the following week. A late fee of \$15.00 will be assessed after 2 weeks of non-payment.

Our accounting department will issue an invoice on a bi-weekly basis to assist as a reminder. Any account falling into arrears will be handled as follows:

- One reminder phone call and an e-mail with a copy of your invoice will be sent
- If the account is not made current within (7) days, a disenrollment letter will be issued. Upon receipt of payment, your child will be re-enrolled without a new registration fee.
- If the account is not made current within one month, a letter will be issued with a copy to legal claims.

It is our intention and wish to work with your family and child. We understand that emergencies happen; and will consider a payment plan at the discretion of the Executive Director. Our best assistance to you, however, is our commitment to providing a safe, stable environment for your child.

#### Payments made by DSS (Department of Social Services)

Parents approved by DSS are responsible for all fees not covered by DSS. Because DSS payments are often behind or delayed, you should plan to pay at least \$20.00 per week. If DSS pays more than this, we will refund the overage to you.



MOREAU COMMUNITY CENTER  
*making community connections*

144 Main Street, South Glens Falls, NY 12803  
Phone: 518-792-6007 Fax: 518-792-0837  
[www.moreaucommunitycenter.org](http://www.moreaucommunitycenter.org)

### Payment Options

We offer multiple options for payment to make things as convenient for you in your busy life as possible. These options are as follows:

- Payment at Moreau Community Center in person with cash, check, money order or credit card
- Check written to Moreau Community Center and sent via mail to 144 Main Street, SGF, NY 12803
- PayPal on-line
- Call us at (518) 792-6007, ext. 17, 23, or 14 to pay by credit card

Please make sure you put your child's name on the memo line of a check or when using Paypal. We have many parents with last names different from their child's name; this makes it easier to track.

Please do not make any payments at the program site. Our staff are not allowed to handle money for your and their protection.

There will be a \$30.00 fee for any check or money order returned from the bank due to insufficient funds. You will be responsible for picking up your check at the Community Center immediately upon notification.

Please sign below to indicate you understand the terms of this agreement.

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Center Representative Signature and Date

Please sign below to indicate that you have received a parent packet

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Center Representative Signature and Date

# Contact Information

1<sup>st</sup> Child's Name \_\_\_\_\_ Sex (Please circle) M or F

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Ethnicity \_\_\_\_\_

2<sup>nd</sup> 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)

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 9/5/2019 to 6/26/2020

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 RELEASE FORM

(Please check all boxes that apply)

### 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

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: \_\_\_\_\_

Revised  
10/23/2019