

kids' S.P.A.C.E.

school-based program - activity - care - enrichment

Osborn School
Osborn Road
Rye, NY 10580
(914) 921-3390

Child's Name _____

Parent #2 Name _____

Parent #1 Name _____

Home Address _____

Home Address _____

Home Phone _____

Home Phone _____

Email Address _____

Email Address _____

Employer _____

Employer _____

Business Phone _____

Business Phone _____

Parent #2 Cell Phone _____

Parent #1 Cell Phone _____

Teacher _____

Child's Grade _____ School _____

School Group _____ (AM or PM School)

Date of Birth _____ Gender _____

Emergency Notification *(must be filled in)*

Name _____

Phone _____

******indicate medical or other condition(s) requiring attention.**

(e.g. medical limitations on child's activities, allergies, medications, etc. If None, state None)

Kids' S.P.A.C.E. Medical Form Required

Doctor _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Enrollment Information (Monthly Contract Duration) **PLEASE CHECK appropriate box.**

Schedule Monthly (Must commit for a minimum of 3 days per week for 1 month)

Days of week: Monday Tuesday Wednesday Thursday Friday

Start Date: _____

Office Address: 21 Locust Avenue
Rye, NY 10580
(914) 921-3390

- Attends Kids' SPACE AM (8-12:30pm)
- Attends Kids' SPACE PM (11-3:30pm)



Yearly Membership Fee is: \$80.00
(Closing time is 6 PM)

KIDS' S.P.A.C.E. PARENT CONSENT FORM

I consent to the enrollment of _____ (child's name)

in the program offered by Kids' S.P.A.C.E. of Rye, Inc. and have been advised of the policies regarding fees, transportation, and service provided by Kids' S.P.A.C.E. and the New York State Office of Children and Family Services regulations under which it operates.

I give permission to Kids' S.P.A.C.E. for the following:

1. To seek **emergency medical treatment** for my child in the event that I cannot be reached.
2. To have my child participate in **field trips** and **outings** under the supervision of Kids' S.P.A.C.E. staff.
3. To **transport** my child from/to site to/from school in which she/he is enrolled.
4. To allow my child to be photographed and to allow any pictures in which my child appears to be released for publication in newspapers, brochures, for fund-raising or public relations.
5. To **release** my child to any of the following people if I am unable to pick him/her up providing I notify the teacher-in-charge (please include names and phone numbers):

5a) _____ 5b) _____

5c) _____ 5d) _____

Beginning Month _____ Day _____ Year _____

I agree to pay for the care of my child in accordance to the following FEE SCHEDULE.

FAMILY REGISTRATION FEE: \$80

Scheduled monthly rates:

HYBRID Program (8am-12:30pm OR 11:00am-3:30pm)

5 days \$690

4 days \$646

3 days \$558

2 days \$435

(Includes bussing from school at 11am and to school at 12:30pm)

Sibling Discounts:

20% for each additional child

Financial Assistance:

Information available upon request

Parent Signature _____ DATE: _____

Kids' S.P.A.C.E. does not discriminate on the basis of religion, race, color, national and ethnic origin in its admissions policies or in the administration of its programs.



KIDS S.P.A.C.E. POLICY STATEMENT (Please read carefully and sign)

Kids' S.P.A.C.E. is open to all children who 1) reside in the Rye City School District and are enrolled in a Kindergarten through 5th grade program or 2) are enrolled in a Rye City School District Kindergarten through 5th grade program. Kids S.P.A.C.E. admits students of any race, religion, color national and ethnic origin to all rights, privileges, programs and activities generally accorded or made to students at the school.

1. For admission the parents must complete and sign the forms presented by Kids' S.P.A.C.E. These Include: the Registration Form, the Parent Consent Form, the Policy Statement, and Health Form which must be signed by a physician. *No child can be admitted to the program unless all forms have been submitted, as required by law.*
2. If your child will be absent from Kids S.P.A.C.E. you must call 921-3390 by 11:00 AM on the day of the absence. Parents will be expected to arrange for their child to be picked up in the event the child shows signs of infectious disease or other illness while at Kids' S.P.A.C.E. Children who are ill, as defined by school district policies, will not be allowed to participate in the program.
3. The Billing Procedure: At the beginning of every month, parents are pre-billed for the coming month based on their requested schedule. NO credit is applied for the bill if a child is absent for whatever reason. Bills are sent by the beginning of the month. Payment is due by the 10th of the month. Payment is late after the 20th of the month. A \$20 late payment fee is applied after the 20th. Any bank charges we incur (e.g., for insufficient funds) are billed at \$20 per occurrence. No child can attend or continue to attend whose parents have not paid their monthly bills on time. Parents may change their child's schedule for the coming month if the schedule is made on or before the 14th of the previous month. This change must be in writing or by phone to the Director or Office Manager ONLY. The 1st change is free; additional changes prior to the 10th are allowed at \$5 per request. If a contracted schedule change is made after the 15th for the upcoming month, parents are still responsible for payment of the original schedule.
4. All children must be picked up by the parent who has registered the child or by an individual designated on the Parent Consent Form, or by another individual authorized by the parent, provided the parent has notified the Director, Office Manager, or Teacher-in-charge. We request this authorization in writing and ID is required at the time of pick up. Kids S.P.A.C.E. of Rye **CLOSES AT 6:00PM daily**, and all children must be picked up by 6:00PM. The following LATE PICK-UP CHARGES will be imposed after 6PM:
FIRST time late: \$25.00
SECOND time late: \$35.00
THIRD time late: \$55.00
(After the third time late, the child will be dismissed from the program.)
5. Parents must provide and emergency name and telephone number, a person who must be available to pick up the child when necessary, even in snowy weather.
6. Kids S.P.A.C.E. provides a healthy snack daily.
7. Kids S.P.A.C.E. may not administer **medication** of any kind to the children attending unless specific instructions signed by a physician accompany the medication for each illness or prescription are provided by the parents. Medication must be in original package.
8. Kids S.P.A.C.E. recognizes the need to protect our children and request consent to photograph the children during our special events. Kids S.P.A.C.E. will take all steps to ensure these images are used solely for the purposes they are intended.
9. Kids S.P.A.C.E. reserves the right to refuse an application or dismiss a child at any time. Contractual fees will be refunded on prorated basis. We agree to observe all rules of the program and to participate in activities at our own risk and in no way hold Kids S.P.A.C.E., its officers, directors, and employees liable for accident or illness.

PARENT SIGNATURE _____ DATE _____





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Kids' S.P.A.C.E. of Rye, Inc.
(914) 921-3390

Mission and Staff

Kids' S.P.A.C.E. of Rye, Inc. takes great pride in the child care services that we provide at our Program and in the quality of our professional staff of care givers. Kids' S.P.A.C.E. of Rye, Inc. complies with all regulations established by the State of New York, Office of Children and Family Services. However, our mission is limited to the provision of quality child care services at our Program and under the supervision of a professional director.

Kids' S.P.A.C.E. of Rye, Inc.
Waiver and Release of Liability

This is to inform you that, in the event that you engage the services of any Kids' S.P.A.C.E. of Rye, Inc. staff member or volunteer for child care or baby-sitting services outside Kids' S.P.A.C.E. of Rye, Inc. premises, Kids' S.P.A.C.E. of Rye, Inc. will not be responsible or liable for any acts or omissions of any of its staff members or volunteers while providing such services.

- 1. Kids' S.P.A.C.E. of Rye, Inc. does not recommend arrangements for outside child care or baby-sitting services between parents and staff members or volunteers; Kids' S.P.A.C.E. of Rye, Inc. is not a party to any such agreement between parents and staff members or volunteers; Kids' S.P.A.C.E. of Rye, Inc. does not guarantee, warrant or make any representations as to such outside child care or baby sitting services.
2. By signing this form I release, waive, discharge and covenant not to sue Kids' S.P.A.C.E. of Rye, Inc. and its director, Board of Trustees, other staff members and other employees, from all claims, demands, losses or damages on account of any injury, caused, or alleged to be caused in whole or in part, by the acts or omissions of a staff member or volunteer while providing child care or baby-sitting services outside Kids' S.P.A.C.E. of Rye, Inc. premises pursuant to any agreement or arrangement made between a staff member or volunteer and me (and/or my spouse or other guardian of my child).

I HAVE READ THE ABOVE WAIVER AND RELEASE AND SIGN IT VOLUNTARILY.

Parent Printed Name

Parent Signature

Date

Witness Printed Name

Witness Signature

Date

kids' S.P.A.C.E.

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OCFS-LDSS-4433 (Rev. 4/2008) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

| | | |
|----------------|----------------|----------------------|
| Name of Child: | Date of Birth: | Date of Examination: |
|----------------|----------------|----------------------|

Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

| | | | | | |
|---|----------------------|----------------------|----------------------|---|----------------------|
| Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP) | 1 st Date | 2 nd Date | 3 rd Date | 4 th Date | 5 th Date |
| Polio (IPV or OPV) | 1 st Date | 2 nd Date | 3 rd Date | 4 th Date | |
| Haemophilus influenzae type B (Hib) | 1 st Date | 2 nd Date | 3 rd Date | 4 th Date OR 1 st Date (if given on or after 15 months of age) | |
| Pneumococcal Conjugate (PCV) for those born on or after 1/1/08) | 1 st Date | 2 nd Date | 3 rd Date | 4 th Date | |
| Hepatitis B | 1 st Date | 2 nd Date | 3 rd Date | | |
| Measles, Mumps and Rubella (MMR) | 1 st Date | 2 nd Date | | | |
| Varicella (also known as Chicken Pox) | 1 st Date | 2 nd Date | | | |

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

| | | | |
|-----------------------|-------|-----------------------|-------|
| Type of Immunization: | Date: | Type of Immunization: | Date: |
| Type of Immunization: | Date: | Type of Immunization: | Date: |
| Type of Immunization: | Date: | Type of Immunization: | Date: |

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm

TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):

___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.



OCFS-LDSS-4433 (Rev. 4/2008) REVERSE

Medical Statement of Child in Childcare (continued)

Health Specifics

Comments

| | |
|--|--|
| Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Summary of Physical Exam

Include special recommendations to Day Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care. Yes No

Signature of Examiner _____

Address _____

Please Print Name _____

City, State, Zip _____

Title _____

() _____
 Phone _____ Date _____

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking account or credit card. You will be charged the amount of your **scheduled monthly tuition** each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

Student name _____

I _____ (full name) authorize Kids' S.P.A.C.E. of Rye, Inc. to charge my credit card

or checking account indicated below on the **fifteenth day** of each month for payment of the pre-billed tuition. For example November tuition will be deducted October 15th.

Billing Address _____

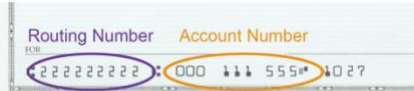
Phone# _____

City, State, Zip _____

Email _____

Checking

| |
|-----------------------------------|
| <input type="checkbox"/> Checking |
| Name on Acct _____ |
| Bank Name _____ |
| Account Number _____ |
| Bank Routing # _____ |
| Bank City/State _____ |



Routing Number: 222222222
Account Number: 000 111 555* 1027

Credit Card

| | |
|-----------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Discover | <input type="checkbox"/> American Express |
| Cardholder Name _____ | |
| Account Number _____ | |
| Exp. Date _____ | |
| C/V Code _____ | (3 digits on back of card) |

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Kids' S.P.A.C.E. of Rye in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Kids' S.P.A.C.E. of Rye may at its discretion attempt to process the charge again within 30 days, and agree to an additional 30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

FAMILY COVID-19 Information / Insertion

We are thankful for our Kids' S.P.A.C.E. families and are committed to providing a safe and engaging after-school program for our staff, students and families. We are providing important information for you to acknowledge:

1. While we wish that we could control every possible risk, we will use our best efforts to keep everyone safe from the COVID-19 virus. However, we want to make it clear that we cannot promise or guarantee that this or any other pathogen will not enter our program, and that by the very nature of the personal interaction that takes place at Kids' S.P.A.C.E., there is always a risk of becoming ill with this or any other communicable disease. We want you to be fully aware and willing to assume and accept this risk.
2. We believe in our ability to reopen this fall in a manner that meets NYS DOH guidelines and the CDC's safety standards. Kids' S.P.A.C.E. will keep up to date on the latest requirements and recommendations and will continue to keep protocols in place to ensure the safest practices for our staff and students.
3. All adults and students will be required to wear a facemask during drop off and pick up. Additionally, all students will be required to wear a facemask during most program activities. No visitors will be allowed in the building.
4. Students being transported by bus will be required to wear a mask. Siblings may sit together, social distancing will be in place and we will load from the back to front and reverse for unloading. NO Hand Sanitizer gel is allowed on the bus because of its combustible nature.
5. At this time it is recommended that all staff and students be screened upon arrival, including temperature checks. You will be required to complete Health Screening Form **(OCFS-6040)** for a one-time attestation to ask and answer questions about symptoms daily.
 - If a staff or student exhibit symptoms while at Kids' S.P.A.C.E. the director will be informed immediately and they will be sent home.
 - If you or someone you live with tests positive for COVID-19, you must contact us immediately and stay home for 14 days.
 - If you or someone you live with encounters anyone who is exhibiting symptoms of or who has COVID-19, you must contact us immediately so we can decide on an appropriate protocol.
 - All staff and students will be required to practice safe hygiene upon arrival, between program activities, after using restroom, before eating and before departing.
6. In the event of an exposure, we will be guided by the Department of Health as to whether we will need to quarantine.
7. ALL Paperwork must be fully completed and submitted for students to be able to attend Kids' S.P.A.C.E.
8. If your family travels to a known quarantine area, we will not be able to allow your child into the program until you have quarantined for 14 days.

Print Name Child's: _____ Print Name Child's: _____

Parent Signature: _____ Date: _____

NAME: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers “Yes” to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are “Yes,” individuals **cannot** enter the program. If the answers are “No” to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer “No” to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing **ANY** of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered “NO” to all questions, you have passed and may enter the program.

If you have answered “YES” to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature

_____/_____/_____
Date

Signature

_____/_____/_____
Date

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.