Registration Application **ONE FORM PER CHILD**

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 _____ Child's Grade _____ School _____

Date of Birth _____ Gender _____ Teacher _____

Parent #1 Name _____ Parent #2 Name _____

Home Address _____ Home Address _____

_____ _____

Home Phone _____ Home Phone _____

Email Address _____ Email Address _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Parent #1 Cell Phone _____ Parent #2 Cell Phone _____

Emergency Notification and Pick Up *(other than parents must be filled in)*

Name _____ Phone _____

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 1 month)
☐ **Occasional Use** (Subject to space availability)

Days of week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Start Date: _____

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

☐ Breakfast Program: 7:00 to 8:30 AM
☐ After School Program: 3:00 to 6:00 PM

Annual Family 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 _____Phone_____ **5b** _____Phone_____

5c _____Phone_____ **5d** _____Phone_____

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

2026/ 2027 Scheduled monthly rates:

Breakfast Program: (7-8:30AM)

5 days	$344
4 days	$321
3 days	$267
2 days	$206
1 day Occasional	$ 37

**Fees may change and/or surcharge added.*

Financial Assistance:
Information available upon request

After School Program: (3 – 6PM)

5 days	$678
4 days	$630
3 days	$557
2 days	$452
1 day Occasional	$ 62

Sibling Discounts:
20% for each additional child
Electronic Payment:
Credit Card, PayPal etc. 3% Fee
Other Payment Options:
Zelle & ACH Check no fee

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.

NATIONAL AfterSchool ASSOCIATION
nationally accredited program

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 15th of the month prior to service. Payment is due by the 1st of the month. Payment is late after the 10th of the month. A $25 late payment fee is applied after the 10th. Any bank charges we incur (e.g., for insufficient funds) are billed at $35 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 15th of the previous month. This change must be in writing or by phone to the Director or Office Manager ONLY. 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, war- rant or make any representations as to such outside child care or baby sitting ser-vices.
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 in- jury, 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

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PAYMENT INFORMATION FORM

You can schedule your payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card.

- Just Click on the **REVIEW and PAY** button in the emailed invoice.
- You can choose **DEBIT, BANK**, or **CREDIT** to make your payment (fees may apply).
- Complete the information and schedule your payment.

Invoices are sent on the 15th of the month prior to service and payment is due on the 1st of the month of service.

Please sign below confirming you are aware of our payment method.

SIGNATURE _____ ***DATE*** _____

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

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Medical Statement of Child in Childcare (continued)

Health Specifics		Comments
Are there allergies? (Specify)	☐ Yes ☐ No	
Is medication regularly taken? (Specify drug and condition)	☐ Yes ☐ No	
Is a special diet required? (Specify diet and condition)	☐ Yes ☐ No	
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes ☐ No	
Are there any medical or developmental conditions requiring special attention?	☐ Yes ☐ 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