



# Family Services

Providing Hope. Improving Lives. Strengthening Community.

## Main Office

29 North Hamilton Street  
Poughkeepsie, NY 12601  
t | 845-452-1110  
f | 845-452-1119

## Ulster County Office

85 Grand Street  
Kingston, NY 12401  
t | 845-331-5641  
f | 845-331-0594

[www.familyservicesny.org](http://www.familyservicesny.org)

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*Chair*

**Patricia O'Shea**  
*Vice-Chair*

**Brian Joyce**  
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Dear Parents,

We are happy to announce that Family Services will offer enriched before and after-school programming for Hyde Park Central School District starting in September 2010. The district has chosen Violet Ave. and North Park Elementary as the two program centers. The participating children from other schools will be bussed to those sites.

Our program will take place at the schools from dismissal to 5:30 with optional before-school programming and will include the following:

- \*Homework Assistance
  - \*Snacks and Nutrition
  - \*Sports and Recreation
  - \*Science
  - \*Both Creative and Performing Arts
  - \*Leadership and Community Service
- AND MUCH MORE!!!

The fee schedule is:

Before School (7:00 am to start of school day):

Five Day Contract-----\$11 per day  
One to Four Day Contract-----\$12 per day

After school (Dismissal to 5:30):

Five Day Contract-----\$18 per day  
One to Four Day Contract-----\$19 per day

**DDS Childcare subsidy is accepted.  
Sibling discount is available.**

Applications will be available in the Main Office, on our website [www.familyservicesny.org](http://www.familyservicesny.org) or we will be happy to mail it to you directly. Please call Jackie Schwind at 452-1110 ext. 3130.

We look forward to working with you and your children and sharing fun and a nurturing, safe and enriching experience!

Sincerely,  
Diane Labenski  
Family Services Youth Services Director

Programs are funded in part  
by the County of Dutchess



Member of the New York State  
Association of  
Family Service Agencies



CHILD'S NAME: \_\_\_\_\_

2010/2011  
**After-School Program Application**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

What School Does Your Child Attend? \_\_\_\_\_

What After School Program will your child be participating in? Krieger     Clinton     Arthur S. May     Noxon Road     Hyde ParkWhich of the following services will your child need? (Check all that apply) After School Care Before School CareWhich child care option will you need? Full Time (5 days a week) Daily Option



CHILD'S NAME: \_\_\_\_\_

**Does your child have any known allergies and/or sensitivity to food?**

YES       NO

If you answered yes, what are they? Please describe your child's reactions and symptoms **You must also complete a required form in accordance with NYS law (SEE SITE COORDINATOR FOR FORM)**

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**Does your child require medication that would be administered during the after-school program hours? (Please include inhalers for asthma)**

YES       NO

If you answered yes, please list the name of medication and time of administration

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**If your child requires medication on site, you must provide proper documentation from child's physician (SEE SITE COORDINATOR FOR FORM)**

**Does your child have any special needs?**

YES       NO

If you answered yes, please describe needs

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### **MEDICAL EMERGENCY TREATMENT**

In the event of a medical emergency, first aid will be administered to the student by the site coordinator or other qualified staff member. Every attempt will be made to reach the parent/guardian first. If further medical treatment is needed, 911 will be called and the student will be taken by ambulance to Vassar Hospital.

I authorize the After-school program to obtain emergency transportation and treatment for my child in the event I am not present.

YES       NO



CHILD'S NAME: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**OTHER MEDICAL INFORMATION** – Completing this section will ensure that the hospital's staff has this information if you are unable to be reached in the event of emergency.

Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Dentist's Phone Number \_\_\_\_\_

My medical insurance provider is: \_\_\_\_\_ ID# \_\_\_\_\_

➤ **A copy of your child's immunizations and most recent physical must be submitted with this application.**

**STATE REQUIRED INFORMATION**

Gender

male                       female

Child's Ethnicity

African-American     American Indian/ Alaskan Native     Asian-American  
 Hispanic/Latino     White                                       Other/Multiracial

**Does your child receive services in the following areas?**

Free or reduced lunch                       YES                       NO  
Special education                             YES                       NO  
Limited English language                     YES                       NO

**STATE REQUIRED INFORMATION cont.**

*Please check any of the following that apply:*

Food stamps



CHILD'S NAME: \_\_\_\_\_

SSI (Social Security Insurance)

Medicare or Medicaid

Disability Insurance

**MOTHER/GUARDIAN:**

Name \_\_\_\_\_

Address \_\_\_\_\_

*Does Child live at this address?*  Yes  No

**Please circle the best phone number to reach you at between 2:30-5:30 p.m.**

Home phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Work phone \_\_\_\_\_ Ext./Unit/ Floor \_\_\_\_\_

**FATHER/GUARDIAN:**

Name \_\_\_\_\_

Address \_\_\_\_\_

*Does Child live at this address?*  Yes  No

**Please circle the best phone number to reach you at between 2:30-5:30 p.m.**

Home phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Work phone \_\_\_\_\_ Ext./Unit/ Floor \_\_\_\_\_

**SIBLINGS:**

Name	Age	Name	Age
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_____	_____	_____	_____
_____	_____	_____	_____

**All policies are explained in detail in the Parent Handbook that will be given when a child is accepted into the program.**



CHILD'S NAME: \_\_\_\_\_

**PHOTO AUTHORIZATION:**

I authorize the After-school Program to use any photos or materials that pertain to my child for publicity purposes.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL WALKING FIELD TRIP AUTHORIZATION:**

I give my permission for my child to accompany the After-school Program on local walks off-site to neighboring facilities, libraries, parks, and playgrounds.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**HOMEWORK AGREEMENT**

I would like my child to work on homework assignments during the academic period.

YES       NO

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**RECORDS RELEASE FORM:**

I hereby grant release of records, information, and documentation regarding my child to be shared between administrators of the After-school program and Poughkeepsie City School District personnel.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO ATTEND:**

I give permission for my child to attend the After-School Program. I give permission for the After-School Program and Family Services, Inc. to seek medical treatment for my child in the event of an emergency. In consideration of the right to participate in the After-School Program, I hereby assume all risks and will indemnify and hold harmless the After-School Program, its staff, and Family Services, Inc., their employees, trustees, volunteers, officers, and members of any and all liability. I attest that I am the legal guardian of the child named above.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



CHILD'S NAME: \_\_\_\_\_

## **FEE FOR SERVICES:**

Program fees are based on 10 monthly installments. **MONTHLY PAYMENTS MUST BE MADE BEFORE A CHILD CAN PARTICIPATE IN THE PROGRAM. All payments are due before the 1<sup>st</sup> of the month.** For example, your payment at the end of September will be the payment for October. A pro-rated refund is available if a child is removed from the program; days attended will be deducted from the amount returned. There is a sibling discount of \$10.00 per month.

### Fee Information

#### After School Program (dismissal to 5:30)

Five Day Contract: \$18 per day  
One to Four Day Contract: \$19 per day

#### Before School Program

Five Day Contract: \$11 per day  
One to Four Day Contract: \$12 per day

- Half Day Option at Schools or Family Partnership Center
- Vacation week theme activities programs are available at the Family Partnership Center through Family Services

Payments may be made using a check or cash and checks must be made payable to Family Services, Inc. A fee of \$25.00 will be charged for returned checks. Checks may be mailed to Family Services, After-School Program Fee Administrator, 29 North Hamilton Street, Poughkeepsie, NY 12601. Cash must be delivered by an adult to the Fee administrator at the School Monday-Thursday between 5:00-6:00 p.m. Adults may also deliver checks to the Fee Administrator during this time.

There will be an option for any client who wishes to pay for their tuition using a credit card. Please see the website for more details and information.

If a payment is not received before the beginning of each month, the child will not be able to attend the after-school program until payment is received. After 5 days thereafter, program privileges will be revoked and reentry will not be considered until account balance is paid in full.



CHILD'S NAME: \_\_\_\_\_

**FINANCIAL ASSISTANCE:**

Department of Social Services (DSS) Low Income Child Care Subsidies

- I know that I qualify for DSS child care assistance.
- I am uncertain if I qualify for DSS child care assistance.

PLEASE BE ADVISED THAT NO CHILD WILL BEGIN the after-school program until DSS authorization has been verified. Space held for DSS childcare will be limited to 15 days. For this reason, contact with case workers and the Family Services, Inc. Fee Administrator is crucial.

I have read and understand the Fees for Services, Financial Assistance Policies.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PARENT ORIENTATION:**

In order to complete your child's enrollment, a parent/guardian is required to attend a program orientation. The orientation is about one hour long and will provide information about program policies.

I understand that I will be required to attend a program orientation.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE AUTHORIZATION:**

New York State law requires that all students must be picked up and signed out of registered School Age Child Care programs each day by an authorized person age 14 or older. All pick-up persons must present a valid picture ID. For youths between the ages of 14-16 years, a copy of a birth certificate must be given to the Site Coordinator.

Your child will only be released to individuals that are listed on this sheet. You may update the list of authorized persons at any time by contacting the Site Coordinator. In order for a custodial order to be enforced, we must have a copy of the custodial order on file.

Please review the steps that need to be taken to complete the dismissal procedure:

- ✓ Person is 14 years of age or older
- ✓ Person is listed on Release Authorization sheet
- ✓ Person has a valid picture ID





CHILD'S NAME: \_\_\_\_\_

**After-School Program  
Family Services Inc.  
Rights and Responsibilities**

Family Services Inc. agrees to:

1. Provide a quality, enhancement after school program for all participants
2. Abide by all NYS OCFS childcare regulations for school aged childcare
3. Treat all participants and parents with respect and provide grievance procedures in case of unresolved conflict.
4. Provide opportunities for parental feedback and suggestions
5. Provide parents with contact information and program rules and expectations upon enrollment.

As a Parent/Guardian, I agree to:

1. Complete all enrollment paperwork required and sign all authorizations necessary.
2. Provide the After School Program with a copy of my child's report card each quarter.
3. Comply with program procedures set forth by Site Coordinator.
4. Encourage my child to abide by the program rules.
5. Encourage my child to participate in all areas of the program.
6. Make every effort to attend all performances or parent events scheduled at the program.
7. Show a positive interest in what my child is doing each day (*This will be reflected in your child's attitude toward the program, his/her peers, and the world at large. With your help, we hope to help your child grow into a successful adult.*)

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Parent Signature

Date

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Staff Signature

Date