

Campus After School Program

2901 Campus Rd. Brooklyn, N.Y. 11210

(718) 421-7575

Registration Checklist:

- Completed and signed registration form.
- Registration Fee of \$280
- Method of payment for the full school year. Parents may choose one of the following two options:
 - 1) Checking/Savings account authorization accompanied by voided check.*
 - 2) Credit Card authorization form (Credit Card payments will incur a 3% fee).*

Either option will be debited automatically on the 1st of every month at 9:00am. (Parents may pay by cash or money order **before** the 1st, one of the two payment options must still be on file).
- NYC DOH Medical Form filled out by a physician that includes all immunizations (PPD, MMR).

This is based on a checkup done within one calendar year. A current form must always be on file.
- A completed Lunch Form.

All items must be complete and submitted **BEFORE** your child starts.

CAMPUS AFTER SCHOOL PROGRAM 2019-2020

2901 Campus Rd. Brooklyn, N.Y. 11210 718.421.7575

Today's Date: _____

1. Student Information

Name: _____ Sex: M F Birth Date: _____

School: _____ Grade: _____ Teacher's Name: _____ Class # _____

Known Allergies: _____ Medical Conditions/Restrictions: _____

*Special Needs: Yes No If Yes Describe: _____

2. Parent/Guardian Information

Guardian: (Relationship) _____

Guardian: (Relationship) _____

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Zip: _____

Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

3. Student Pick-up and Emergency Contact Information:

Please list persons with phone numbers who you give permission to pick-up your child from the program.

Please note that we will not release children to anyone not on this list without prior authorization.

Children will not be released to anyone under the age of 16.

In the event of an emergency, these people will be contacted if a parent/guardian is unavailable.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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4. After School Program Monthly Fees

Monthly Fees	3 days per week	4 days per week	5 days per week
6:00pm Dismissal	\$454.00	\$470.00	\$495.00
7:00pm Dismissal	\$500.00	\$520.00	\$545.00

Start Date: _____

Days attending: M T W Th F

Tuition is collected automatically by either a credit card, checking or savings account on file. All transactions will be processed on the 1st of each month.

Credit Card Transactions incur a 3% Fee

Cash may be paid before EFT date.

Registration Fee: **\$280.00**

Monthly Fee: \$: _____ (Monthly fee is the same every month, regardless of school days)

5. Parent/Guardian Consent and Policies

In case of an emergency injury or illness, I authorize the program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the program representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

There will be no refund or pro-rating for absenteeism. It is our policy to charge \$5.00 per quarter hour past closing time, which is 6:00 PM or 7:00PM. If child is pulled out from program before end of year, remaining months will not be charged, however present month must be paid for regardless of drop date.

Rules and regulations must be adhered to at all times.

Campus ASP Inc. reserves the right to suspend or expel a child from the program for disruptive or dangerous behavior.

Registration fee is non-refundable.

Campus ASP Inc. and its employees are not responsible for personal items.

*We do not have a special needs program. Children may be accepted if they are able to be included within the group and do not require one on one or any other additional services. We require a trial before admission of any child with special needs.

I give consent for Campus ASP Inc to pick up my child using our full size school buses, mini buses, passenger vans or minivans/cars. For schools within 4 blocks children may be walked over. Yes

I give my consent for my child to attend Campus ASP Inc. and participate in its activities. Yes

Campus ASP Inc. may at times use your child's image on promotional items, both in print and online.

Monthly tuition is the same each month regardless of number of school days.

Closings and holidays have been taken into account. Campus ASP follows the NYC DOE Calendar.

I have read and understand the above.

Parent/Legal Guardian Signature _____

Date _____

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2019-2020 Calendar

Thur. September 5	First day of After School Program
Mon. September 30	Closed for Rosh Hashanah (No Public School)
Tue. October 1	Closed for Rosh Hashanah (No Public School)
Tue. October 8	Closed for Yom Kippur (SCHOOLS OPEN)
Wed. October 9	Closed for Yom Kippur (No Public School)
Mon. October 14	Columbus Day (Vacation Program , No Public School)
Tue. November 5	Election Day (Vacation Program , No Public School)
Mon. November 11	Veteran's Day (Vacation Program , No Public School)
Th.-Fri. November 28-29	Closed for Thanksgiving (No Public School)
Tue. December 24	Winter Recess (Vacation Program , No Public School)
Wed. December 25	Closed for Christmas Day (No Public School)
Thur.-Tue. December 26-31	Winter Recess (Vacation Program , No Public School)
Wed. January 1	Closed for New Year's Day (No Public School)
Mon. January 20	M.L.K. Jr. Day (Vacation Program , No Public School)
Mon. February 17	Closed President's Day (No Public School)
Tue.-Fri. February 18-21	Midwinter Recess (Vacation Program , No Public School)
Thur. April 9- Fri. April 17	Spring Recess (Vacation Program , No Public School)
Mon. May 25	Closed for Memorial Day (No Public School)
Fri. May 29	Closed for Jewish Holiday (SCHOOLS OPEN)
Thur. June 4	(Vacation Program , No Public School)
Tue. June 9	(Vacation Program , No Public School)
Fri. June 26	Last Day of After School Program

Highlighted dates notes days that public school is open when we are closed

We operate by the Public School calendar.

If your child's school is a private or charter school, please make note of our closings!!

If the NYC DOE closes for weather or other emergencies the After School will close as well.

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Child's Name: _____

CHECKING/SAVINGS WRITTEN AUTHORIZATION FORM

I (we) hereby authorize Campus ASP Inc. to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. A \$30 charge will occur if your payment is denied by your bank.

(Name of Financial Institution)

(Address of Financial Institution Branch, City, State, & Zip)

Please Circle Type of Account: Checking Savings

(Routing Number)

(Account Number)

The recurring Debit will occur on September 1, 2019 and will be processed on the 1st of every month until June 2020 in the:

Amount of \$ _____

(Consumer Name PLEASE PRINT)

(Consumer Address PLEASE PRINT)

(Signature)

(Date)

If you should need to notify us of your intent to cancel and/or revoke this authorization you must contact us 1 week prior to the questioned debit being initiated. Please call 718-421-7575 or email at info@campusasp.com Monday-Friday from 10:00am to 6:00pm.

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Recurring Card Payment Authorization Form

Sign and complete this form to authorize Campus ASP Inc. to make a recurring monthly charge to your credit card listed below.

By signing this form you give us permission to charge your account for the amount indicated on the 1st of every month.

Please complete the information below:

Child's Name: _____

I _____ authorize Campus ASP Inc. to automatically charge my credit card
(full name)
account indicated below for _____ on the 1st of every month.
(amount)

Billing Address _____

City, State, _____

Zip Code, _____

Account Type: Visa MasterCard Amex

Cardholder Name _____

Account Number _____

Expiration Date _____

I understand that I am paying a 3% transaction fee each month for the use of my credit card.

SIGNATURE _____

DATE _____

I authorize the Campus ASP Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for September 2019-June 2020. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: _____

Print the name of the child(ren) enrolled in this child care center:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if anyone in your household:

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. If any of the children enrolled in this child care center are foster children

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPIR Number _____
Names of Foster Children _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.</p> <p>Signature: _____</p> <p>Date: _____</p>
FOR SPONSOR USE ONLY
Sponsor Agreement Number _____
Total Household Members _____ (including foster children, if applicable)
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Date Determined ____ / ____ / ____
Signature of Center Staff _____

Complete SECTION B if no one in your household receives Food Stamps, TANF, FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B	
<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received last month in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.</p>	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# XXX-XX-____-____-____ Date: _____</p>	

PARENT PERMISSION LETTER

Dear Sir or Madam:

This is to inform you that my child,
_____ of class _____
will be attending Campus After School
Program for the 2019-2020 school term.

Please dismiss this child with the regular
bus children at the end of the school day to
the bus counselor.

Thank you for your attention to this
matter. If you have any questions, please call
Campus ASP at 718-421-7575 and ask for our
After School Program Staff.

Sincerely,
