



East End Kids Academy
177 Weeks Ave, Manorville, NY 11949
Telephone # 631-924-2100 / Fax # 631-924-5627



We would like to welcome your child(ren) to join our **Fall 2022-23 Before/After School Care** program.

Attached to this e-mail you will find the forms that need to be completed and submitted **prior to your child's first day of attendance.**

Attached you will find the following paperwork that needs to be **completed** and **returned** to East End Kids Academy by **Wednesday, August 31, 2022:**

☀ **Contract/ Schedule* / Application and Authorization** forms.

*When completing your child's schedule to attend, please use the following "School Hours":

<u>School</u>	<u>Bus Pick-Up Time</u>	<u>Bus Drop Off Time</u>
Dayton Avenue	8:15am	3:15pm
Eastport/Tuttle	8:45am	4:00pm
South St. Elem.	9:00am	4:00pm

☀ **Medical & Immunizations** - Complete Physical with immunization record for children entering Kindergarten, 1st, 3rd, and 5th grade. All other grades must submit a current copy of child's immunizations.

☀ **Tuition Payment Agreement** - you can choose to pay your child's tuition Weekly, Bi-Weekly, Monthly, or Automatically with a Credit Card.

☀ **First payment** (weekly, bi-weekly, or monthly) is due the first day of attendance.

☀ **2 Week Deposit** - this payment will be applied to the last 2 weeks at the center. This payment is due by **Wednesday, August 31st.**

****Payments accepted, Cash, Checks, Credit Card, and/or Money Orders****

☀ **Legal Disclaimer - Agreements and Medical Requirements Notification**

☀ **NYS OCFS Day Care Enrollment Blue Card** - please be sure to complete both sides of this card. This card needs to be completed for every child enrolled at East End Kids Academy.

**** Please do not e-mail or FAX the completed forms back to us. ****

☀ **ESM School District transportation approval** - for the children to attend EEKA Before/After school care program the school district (ESM) has a "Transportation" form that needs to be completed, submitted to the ESM school AND approved by them BEFORE they can start here at EEKA. This form was due to the school back in April 2022.

The Fall 2022/2023 Parent Handbook is attached to help answer questions you might have. On page 1, you can find our school calendar to help you plan your year in advance.

During the week of **Monday, August 22nd - Friday, August 26th**, the front office will be **CLOSED**.

Messages can be left on our voicemail at (631) 924-2100 in the general mailbox and/or e-mail messages to Miss Candy's e-mail address; cwillets@eastendkidsacademy.com.

The front office will reopen on **Monday, August 29th** at 10:00am to 5:00pm.

The Before/After School Care program will be starting on **Thursday, September 1st**.

We look forward to seeing you soon,

-Miss Candy

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AGREEMENT CONTRACT **Before/After School Care Fall 2022-2023**

I, _____, the parent and/or guardian, understand that my signature below states that I have read and fully agree to all terms and conditions mentioned below.

*** Registration Fee**

- Non-Refundable and/or Non-Transferrable
- Due at the time of registering

*** Deposit**

- Two-week deposit due the first day of attendance
- Deposit is used to pay for the last two weeks of attendance at the center.
- Failure to give two-week notice will forfeit your deposit

*** Payment Schedule**

- Payments are to be made weekly or monthly.
- Weekly payments due the first scheduled day of the week.
- Monthly payments due the first scheduled day of the month
- A \$10.00 late fee for weekly payments not received by Wednesday and for monthly payments not received by the first day attendance of the month
- If your child's account becomes two weeks past due, your child is not permitted to return until payment is received at which an eight percent (8%) interest fee will be charged to your balance monthly.
- A \$20.00 fee will be applied for all returned checks

*** Sick, Inclement Weather, Holidays and/or Vacation Days**

- Parents/Guardians are obligated to pay their weekly contracted amount, **for any kind of absence**. This includes all Holidays, Recess, Extreme weather, sick days and/or vacation days. **There will be no make-up days, refunds and/or credits.**
- If the school district calls a 2-hour delay and East End Kids Academy is open for normal hours and your child attends East End Kids you will be **responsible to pay your weekly tuition and the 2 additional hours.**
- A phone call is appreciated if your child will not be in attendance on their scheduled days.

*** Late Pick - Ups**

- Late fees will automatically be applied when picking up a child past the contracted time.
- \$1 Fee for every minute after 6:30 pm is payable upon pick up

I, the parent of, _____ agrees to pay \$ _____, for the following days and hours selected on the reverse side of this agreement.

Parent's Signature: _____ Date: _____

East End Kids Signature: _____ Date: _____

Fall 2022-2023 Before/After School Care Schedule

Child's Name _____

Start Date: _____

Days (Circle 2 or More)	<u>Before Care</u> Drop Off Time	(hrs)	School Hrs	<u>After Care</u> Pick Up Time	(hrs)	Total Hours Per Day
Monday			*			
Tuesday			*			
Wednesday			*			
Thursday			*			
Friday			*			

Total Hours x \$9.00
Total Due for Before Care

Total Hours x \$9.00
Total Due for After Care

Total Wkly
Hours

Before/After Care Rate
\$9.00 per hour*

Registration Fee
\$50.00

*Calculated by the Half Hour

Agrees To Pay : \$ \$ \$ Amount Due Weekly

Before Care Total + After Care Total = Total Weekly Due

What School Does Your Child Attend? (Circle one)				Grade: _____	Parent/Guardian Initials _____
Dayton Ave.	South St. Elem.	Eastport Elem.	Tuttle Ave.		EEKA Initials _____



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Office Use

Childwatch ☐

New Sibling Update

School

Before/After School Care Fall 2022-23 Application (Ages 5-12 Year Olds)

Child's Name

D.O.B: / /

School (Circle)

Dayton Avenue

Gender: Male Female

South Street Elem

Parents: Single Divorced

Eastport Elem.

Married Separated

Tuttle Avenue

Other _____

Grade _____

Guardian #1

Name

Relationship

Address

City

State/Zip

Cell Phone #

Work Phone #

Home Phone #

Guardian #2

Name

Relationship

Address

City

State/Zip

Cell Phone #

Work Phone #

Home Phone #

Primary E-Mail :

(Please PRINT)

Updating all information is the sole responsibility of the parent/guardian.

Please understand the importance of updating your contact numbers in the case of an emergency.

** OFFICE USE **

** OFFICE USE **

** OFFICE USE **

** OFFICE USE **

Registration Fee _____

2 Week Deposit _____

Registration Date: _____



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Authorization Form

Fall 2022-2023

September 2022 thru June 2023

I, _____, the parent and/or guardian of:

Child (a) _____ Child (b) _____

Child (c) _____ Child (d) _____

authorize the following people, other than the guardians listed on the reverse side of this application, to sign the children listed above in and/or out of East End Kids Academy.

1	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number
	_____	_____	_____

* Address on ID: _____

2	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number
	_____	_____	_____

* Address on ID: _____

3	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number
	_____	_____	_____

* Address on ID: _____

4	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number
	_____	_____	_____

* Address on ID: _____

5	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number
	_____	_____	_____

* Address on ID: _____

6	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number
	_____	_____	_____

* Address on ID: _____

I understand that my signature on this form allows East End Kids Academy to release my child to the person(s) authorized above. Changes to this authorization form are the sole responsibility of the parent. No child will be released to anyone without proper notification and photo identification.

****Additional Notes as per Parent/Guardian:** _____

Parent or Guardian Signature

Date

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT



PROGRAM NAME:	ADDRESS:	PHONE NUMBER: () -
CHILD'S FULL NAME:	DATE OF BIRTH: / /	GENDER:
PREFERRED NAME/NICKNAME:		
CHILD'S HOME ADDRESS:		
NAME OF PERSON ENROLLING CHILD:	RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text	ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):	
EMAIL ADDRESS:		

EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text

FOR PROGRAM USE ONLY

DATE OF ENROLLMENT: / /

FOR PROGRAM USE ONLY

DATE OF DISENROLLMENT: / /

CHILD'S FULL NAME:	DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> None </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Therapy Allergies (Please list) Therapy </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Other </div>	
Please provide information here AND discuss with your child care provider:	
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:	PHONE NUMBER: () -
PREFERRED HOSPITAL:	PHONE NUMBER: () -
CHILD'S DENTAL CARE:	PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS	
<ul style="list-style-type: none"> • I consent to emergency medical treatment for my child..... <input type="checkbox"/>Yes <input type="checkbox"/>No • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/>Yes <input type="checkbox"/>No • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/>Yes <input type="checkbox"/>No • I provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/>Yes <input type="checkbox"/>No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/>Yes <input type="checkbox"/>No • I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/>Yes <input type="checkbox"/>No 	
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /



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PAYMENT AGREEMENT **Fall 2022-2023**

I _____, the parent/guardian of _____, understand that my signature below states that I agree to the following payment agreement.

As stated in the Family Handbook and on the Agreement Contract, I may choose to pay my child(ren)'s tuition weekly, bi-weekly, monthly, or yearly. I have checked below which payment arrangement I agree to use for the payment of my child(ren)'s tuition.

Fall Session Week of August 30, 2022 – Week of June 12, 2023

____ Weekly Payment - Due the first scheduled day of attendance for the week
- Due by the close of business on Wednesday of each week

____ Bi-Weekly Payment - Due the first scheduled day of attendance of the first week of 2 weeks.

____ Monthly Payment - Due the first Monday of the month. Automatic monthly payments can be scheduled by completing the reverse side of this agreement.

____ Yearly Payment* - Due in September and receive a 5% discount for paying for the full school year (Nursery/Pre School = 42 weeks, Before/After School Care = 41 ½ weeks*)

* - Cash and/or Check accepted only for yearly payment.

* - Credit Cards cannot be accepted for yearly payments.

**** Payment Fees**

- \$ 10.00 late fee for weekly and bi-weekly payers will automatically be applied to your account for payments not received by the due date stated above.
- A Credit Card Application, on the reverse side **MUST** be completed with this agreement. The credit card will be charged if payments are **NOT** received as agreed above.
- **ALL credit card payments will be charged a 3% credit card fee.**
- An 8% Late Fee for monthly payers will be applied to your account if not received by the due date stated above.
- \$ 20.00 fee will automatically be applied for all returned checks.

**** Accepted Forms of Payment**

- ☐ Cash
- ☐ Check – Payable to **East End Kids Academy**
- ☐ Money Order
- ☐ Credit Card* – Master Card, Visa, Discover and/or American Express

Child(ren)'s Name- _____

Weekly Total Due- _____

Deposit-** _____ to be applied to the **LAST** 2 Weeks of Attendance

****2 WEEK DEPOSIT IS DUE WITH THE RETURN OF THIS AGREEMENT**

Parent's Signature: _____ **Date:** _____



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Credit Card Payment Application

This application must be completed with your credit card information, so your child's account remains current. Please note that if your payment is not received as agreed on the reverse side of this agreement this Credit Card will automatically be processed.

This credit card information can also be used for the following choices:

(Please initial your choice)

_____ Keep on file to be processed upon your request or

_____ Automatic Monthly payment plan-the monthly payment amount is the yearly tuition divided by the number of months attending, and that will be charged each month on the 10th of the month.

**** Please PRINT ****

Credit Card Information

Credit Card Number _____

Expiration Date _____

Card Code-Security Code _____ (3-Digit # on the back/AMEX-4 Digit # on the front)

Amount \$ _____ + _____ = _____
(3% Credit Card Fee) (Total to be Processed)

Order Information

Child(ren)'s Name _____

Program Enrolled in: Nursery Pre School B/A School Care

Customer Information

First Name on Account _____

Last Name on Account _____

E-Mail Address * _____

*** Please PRINT to receive a receipt via E-mail**

Card Holder Signature _____

East End Kids Academy Signature _____ Date _____



Family's Last Name _____

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LEGAL DISCLAIMER

Sept. 2022 - June 2023

Please initial each statement that you agree to:

❖ _____ As parent or guardian of the applicant(s), I accept the conditions of enrollment and give **permission for my child to participate** in the East End Kids Academy September 2022-June 2023 Program (Nursery, Pre-School and/or Before/After School Care).

❖ _____ As parent or guardian of the applicant(s), I give East End Kids Academy the permission to use any **photographs of my child(ren)** taken at the center to be used for East End Kids Academy Newsletters, publicity, and/or advertising.

❖ _____ As parent or guardian of the applicant(s), I understand as stated in the Family Handbook the **children are not permitted to have cell phones** on the premises. If a child needs to call home, they may use the front desk phone to contact their parents. If parents need to get a message to their child(ren), they may call the front desk at (631) 924-2100, and we will get the message to your child.

❖ _____ As parent or guardian of the applicant(s), I have been informed of the **Fall September 2022-June 2023 East End Kids Academy's calendar**, which clarify the days the facility is closed. The calendar may be found on page 1 of the Family Handbook.

❖ _____ I have read and agree to **submitting the Required Medical Information** stated on the reverse side of this agreement.

Print Name of **Child(ren)**: _____

Signature of Parent or Guardian: _____ **Date:** _____

East End Kids Academy **Staff:** _____ **Date:** _____

Required Medical Information

New York State requires the following medical records for each child enrolled at East End Kids Academy. Please submit a copy of all requested medical information upon receipt of this form.

Nursery and Pre-School children must have the "Child in Care Medical Statement" form completed and kept up to date.

School-Aged children must have a complete Physical if they are entering the following grades: Kindergarten, 1st, 3rd, 5th, and 7th Grade. All other grades must submit a current copy of the child's immunizations.

Please ✓ all that applies:

_____ My child's current Complete Physical is dated _____ *

*All Medical forms are valid for one (1) year, so please keep East End Kids Academy updated with current Medicals.

_____ My child is scheduled for a physical on: _____

_____ Complete Immunizations Record Attached - Immunizations are required for entry into East End Kids Academy. ONLY MEDICAL EXEMPTION is permitted. If your child has an Immunization Plan, please submit a copy of the plan.

Administration of Medication

All parents must advise East End Kids Academy of ANY medications given to a child prior to coming to the center, prescription and/or non-prescription.

Any medications to be administered during the hours of care at the center **MUST** be authorized with a Written Medication Consent Form*, that is signed by the physician and parent.

For more information, please see the Family Handbook

**Written Medication Consent Forms are available upon request at the front desk.

I, _____, agrees to keep all medical information that is required of my child to attend East End Kids Academy, up to date. When my child's birthday is approaching and a physical is scheduled, I will request a new medical form to be updated.

Parent Signature _____ **Date:** _____



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NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

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

Name of Child: _____

Date of Birth: _____
 / /

Date of Examination: _____
 / /

Immunizations required for entry into day care

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).

☐ Yes ☐ No

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. Acceptable tests include Mantoux or other federally approved test.
 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.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics

Comments

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

Summary of Physical Exam

Include special recommendations to child 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 child day care.

☐ Yes ☐ No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; text-align: center;">() -</div> <div style="border-bottom: 1px solid black; text-align: center;">/ /</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">Phone</div> <div style="text-align: center;">Date</div> </div>