

School's Out At Faith Assembly

“School’s Out” is recognized as an enriching **“After School Program”** by the Child Care Council of Dutchess and Putnam. Our Faith-Based program offers a variety of age-appropriate activities and events for all ages. For an additional cost, children enjoy swimming lessons and monthly field trips!

Cooking



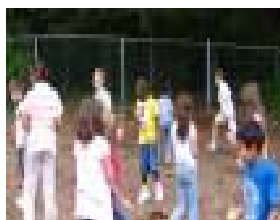
Arts & Crafts



Field Trips



Sports Action



Swimming Lessons



Computers



**Pre K – 6th Grade / 15% Discount per-Sibling / \$40.00 Family Registration
(Transportation Is Available From Various Schools: \$60.00 Fee)**

Before School (AM) Program

1 day/wk \$70	2 day/wk \$90	3 day/wk \$110	4 day/wk \$130	5 day/wk \$150
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After School (PM) Program

1 day/wk \$100	2 day/wk \$130	3 day/wk \$150	4 day/wk \$170	5 day/wk \$190
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SACC@Faithag1.org * (845) 462 - 5955 x199 * www.Faithag1.org

Registration Process

- 1) **(Internet Users)** must **print out** their child's School's Out (PDF) **registration packet**.
- 2) **Complete all information**. Please answer all of the questions to the best of your ability.
 - A. Please **PRINT** clearly, as this helps with accurate processing.
 - B. You must complete **(1)** registration packet **per child**.
- 3) Mail your **registration packet(s)** along with your **registration fee** and **monthly tuition**.
 - A. Registration fee per family is \$40.00
- 4) The School's Out office will need to have your child's **Health / Physical Form** on file in order for them to begin attending the School's Out program.
 - A. You may fax the enclosed Health / Physical Form to your child's physician / doctor or ask for a copy at your child's school.
 - B. If you choose to "exempt" your child from this process, a formal letter of explanation must be received.

General Information

- 1) Upon registering for School's Out, a monthly tuition package must be **selected and paid in full** before any child participant attends School's Out. (Health & Physical Form)
- 2) For "Faith Christian Academy" participants, it is possible for children to attend School's Out once in a while by not registering. **(1) AM Care = \$15.00 (1) PM Care = \$25.00**
 - A. Child participants who attend more than twice in a given month or twice per (2) consecutive months will be asked to register by selecting a monthly plan.
 - B. Registration is NOT required for our "**Full Day**" or "**Half Day**" programs.
 - C. School's Out "**swimming lessons**" at the JCC only require a registration fee.
- 3) School's Out participants must have a **set schedule** per month.
- 4) All **pre-school** participants must be **potty-trained** in order to attend School's Out.
- 5) For any **additional information**, please **contact** the School's Out office between 9:00 a.m. - 4:30 p.m. / Monday - Friday. (845) 462 - 5955 x199. You may also visit our **web site** at (**Faithag1.org**) or **E-mail** us at (**Sacc@faithag1.org**).

*** Faith Christian Academy Students Only ***

If your child attends Faith Christian Academy and you would like the School's Out office staff to make a copy of your child's Health Records / Physical Form, you will need to sign and date below giving us this authorization to retrieve their records. (All information is kept confidential)

Custodial Guardian Signature: _____ **Date:** _____

C: Faith Christian Academy

SCHOOL'S OUT REGISTRATION

Participant Information

First Name:	Middle Initial:	Last Name:
Address: (Child Resides)	City: State / Zip:	Home Number:
Current Grade: (FALL-2009)	Current Age:	Gender: Male / Female

Child Lives With: (Circle One) Mother / Father / Both Parents / Other	Participant's (Primary Custodial) Guardian(s):
Mother's E-mail:	Father's E-mail:
Mother's Cell Phone:	Father's Cell Phone:
Mother's Work Number:	Father's Work Number:
Mother's Home Address:	Father's Home Address:
Mother's Place of Employment:	Father's Place of Employment:

Specific Allergy Information

Does your child have any dietary restrictions, allergies or allergic reactions?

Is your child currently under care for any emotional, physical or social challenges?
If yes, please describe:

Is your child taking medication? If yes, please specify what and why:

Monthly Attendance Information

Please indicate the days your child will be attending. We must have a set schedule of days your child will attend. This is essential for your child's safety and security.

<u>AM Program</u>	(Circle Days)	<u>PM Program</u>
M T W T F		M T W T F

- A participant's **schedule may change monthly**. The School's Out office must be notified in a timely manner with any changes! (Phone Message & Written Notice)
- **Emergency responders** such as doctors, nurses, police officers, fire fighters or military personnel may select individual monthly days for their child's attendance. Monthly tuition will follow the highest amount of days per week.

Authorized Release & Emergency Contact

It is our policy **NOT** to release your child into the custody of any person unless specified. List all persons (16 yrs. & above) that are authorized to pick up your child. These persons must have a **valid driver's license** in providing identification. If the custodial guardian fails to pick up their child at the conclusion of the program or an emergency occurs, the persons below will be contacted in numerical order.

(1) Person's Name: _____ Relation To Child: _____ (H) Phone: _____ (W) Phone: _____ (C) Phone: _____
(2) Person's Name: _____ Relation To Child: _____ (H) Phone: _____ (W) Phone: _____ (C) Phone: _____
(3) Person's Name: _____ Relation To Child: _____ (H) Phone: _____ (W) Phone: _____ (C) Phone: _____

I agree and understand to abide by the "**Monthly Attendance Information**" that I have listed above. I know that the policies involving this area will be enforced and upheld.

I agree and understand that the Custodial Guardian(s) or any person(s) listed on the above "**Authorized Release / Emergency Contact List**" are approved to pick up my child.

I agree and understand that if an additional person(s) is to pick up my child, a **note** with the Custodial Guardian(s), **signature** and **phone number** is required.

Custodial Guardian Signature: _____ **Date:** _____

Additional Information

Child's Full Name: _____ **Birthday:** _____

Child's Nick Name / Abbreviation: _____

Child's School: _____ **School District:** _____

How do you prefer us to communicate with you about your child?

- Talk with me when I drop off / pick up my child.
 - Call me in the evening at home.
 - Talk to the person who drops off / picks up my child (other than myself).
 - Send a note with the pick-up person and I will call you if necessary.
 - Call me during the day and/or at work. Other _____
-

Do you have any suggestions for snacks / activities that your child may enjoy or ideas for our after school program that we might offer? _____

Is there anything we should know about your child so that we can be responsive to his or her needs? _____

Does your child have any dietary restrictions, food allergies or allergic reactions? _____

Does your child experience an allergic reaction to any allergies, etc. listed above? If so, what action / special care do you recommend? _____

Is your child taking medication? If so, specify what and why. _____

Does your child have any physical restrictions, limitations, special needs or challenges?

Has your child experienced any recent significant changes or family trauma that we should be aware of? (Parental divorce, sibling adoption, death in the family, etc.)

Read, Understand & Initial the Following Categories

Initial _____	I understand that monthly tuition is not refundable. This also includes special events such as the Swimming program, Full Day / Half Day programs, Field Trip expenses, etc.
Initial _____	I understand that my <u>child must not be dropped off before 7:00 a.m. or picked up after 6:00 p.m.</u> A \$15.00 late fee will be applied for each 15 minutes after 6:00 p.m. For more information, please see the “Policy, Procedure and Informational Booklet.”
Initial _____	I understand that I must report any changes of address, phone numbers or authorized release & emergency contact individuals to the program director / staff in a prompt manner. This is especially true for any child custody issues, as we must have all written information and/or court orders on file! Please be available to meet with the director or staff, if requested.
Initial _____	I understand that School’s Out only operates on the calendar schedule of Faith Christian Academy, which includes both half and full day coverage that may be available. It is recommended that you check the FCA calendar which will be arriving in your School’s Out welcome packet.
Initial _____	I understand that I should inform the school and church offices of my child’s absence and/or if another person(s) listed on the “ <u>Authorized Released</u> ” is going to pick up my child (ID is required).
Initial _____	I understand that School’s Out reserves the right to make changes in the program, if necessary. It also reserves the right to cancel the program due to inclement weather or an emergency situation.
Initial _____	I understand that a completed “ Health Exam Record and Health History Form ” are requirements for admission. (Must be current within the last (12) months)
Initial _____	I have submitted my E-mail address, so that it can be recorded in the programs “Quick Link” E-mail system. Its purpose is for exchanging up-to-date and/or emergency information. Please be assured that all emails are kept personal and confidential, as we use the “Bcc Field” when sending emails.

Initial _____	I agree to give Faith Assembly of God Church permission to transport my child on various field trips, including to the Jewish Community Center for seasonal swimming, etc.
Initial _____	I give full consent for my child to be photographed or videotaped and do hereby release those images to be used by Faith Assembly of God and its ministries in promotional print or other multimedia tools, including our website. YES , but only within Faith Assembly of God: _____ (<u>Optional</u>) Initial
Initial _____	If my child needs medical attention in the event of an emergency, I hereby give full permission for them to be transported to the nearest hospital. I therefore and hereby release Faith Assembly of God from any liability in connection therewith. The program will administer basic First Aid if needed.
Initial _____	I agree that I am responsible for the cost of my child’s medical expenses that may occur during the School’s Out program time, as my medical insurance is primary.
Initial _____	I agree to submit all required payments on time, along with the necessary paper work and registration forms that are required. If enrolled in a payment plan , I will submit all required tuition on time, abiding by any new and/or pre-existing guidelines. Failure to do so for a consecutive period of (2) months will result in immediate termination of my child’s participation (including late payments).
Initial _____	My child and I agree that we must abide by the School’s Out Policies and Procedures. Any participant who violates / disregards the School’s Out Policies and Procedures and/or engages in inappropriate physical contact amongst other children or staff may be dismissed from the program.

Responsibilities the of School's Out Staff & Participants

Responsibilities of School's Out Staff:

- Undergo required training and possess current CPR & First Aid certifications.
- Conduct oneself in an appropriate and mature manner. Being champions of Christ-like integrity is what every staff aims for.
- Staff will be caring and sensitive to the needs of each child. They will strive to implement Christian principles throughout the program.
- Encourage children to develop a personal relationship with Christ. (John 3:16)
- Provide a safe, pleasant and enriching environment for each child.
- Provide a curriculum of activities and events that focuses on the ages and abilities of the children through developmentally appropriate practice.
- Provide an atmosphere for children to gain knowledge about themselves, others, and the environment, while growing spiritually, mentally, socially and physically.

Responsibilities of School's Out Participants:

- When attending School's Out in the afternoon, please arrive on time.
- Respect the uniqueness & differences of others and obey the staff.
- Listen and follow directions, including School's Out guidelines and policies.
- Participate in curriculum activities and events while being responsible for one's own actions through the engagement of appropriate behavior and language.

A Note from the School's Out Director to the Participant:

As a participant in School's Out, you have the opportunity to participate and interact with a variety of other kids. It also means increased personal responsibility in representing School's Out and most importantly yourself. This behavior agreement is designed to allow you the greatest opportunity while outlining important responsibilities to ensure a fun time. Remember, "What Would Jesus Do?"

In closing, both **Child** and **Custodial Guardian** must sign and date below. By signing below, the child and custodial guardian agree to familiarize themselves and abide by the School's Out Policy, Procedure and Information Booklet. The guardian agrees to submit all required tuition payments and knows that refunds are not available. The child agrees to demonstrate and adhere to appropriate and respectful interactions with other participants and counselors as this will add to a successful School's Out experience.

I hereby enroll my child in Faith Assembly's School's Out program. In doing so, I grant Faith Assembly and its agents full authority to take whatever actions they deem necessary regarding my child's health / safety. In good faith, I release any legal liability from Faith Assembly of God Church.

Child Signature: _____ **Date:** _____

Custodial Guardian Signature: _____ **Date:** _____

Health Examination Record

*** Child's Physician Must Complete ***

Child Participant _____ DOB ____ / ____ / ____ Grade _____

Physician / Doctor: _____

Please indicate the findings of your physical examination below:

SKIN	_____	RESPIRATORY	_____
EYES	_____	ABDOMEN	_____
EARS	_____	HERNIA	_____
NASO/PHARYNX	_____	GENITO-URINARY	_____
TEETH	_____	ORTHOPEDIC	_____
LYMPH NODES	_____	NERVOUS SYSTEM	_____
THYROID	_____	NUTRITION	_____
CARDIAC	_____	SPEECH	_____

OTHER _____

HEIGHT _____ BLOOD PREASURE ____ / ____

WEIGHT _____ lbs SCOLIOSIS _____

ALLERGIES _____

MEDICAL CONDITION _____

CURRENT MEDICATION _____

VISION: R 20/ _____ HEARING R _____
L 20/ _____ L _____

FULL PHYSICAL ACTIVITY: YES ____ NO ____

IMMUNIZATIONS

DPT	1 _____	2 _____	3 _____	4 _____	5 _____	DT.B _____	Td _____
TOPV	1 _____	2 _____	3 _____	4 _____	5 _____		
MMR	1 _____	2 _____					
MEASLES	1 _____	2 _____	MUMPS _____	RUBELLA _____			
HEPATITIS B	1 _____	2 _____	3 _____				
HIB	1 _____	2 _____	3 _____	4 _____			
TUBERCULIN TINE	_____	_____	_____	_____	PPD _____	_____	_____

MD SIGNATURE (required)

____ / ____ / ____
Date of Physical (required)

Health History

* Child's Custodial Guardian Must Complete *

	DATE		DATE
Chicken Pox		Pneumonia	
Ear Infection		Strep Throat	
Hepatitis		Scarlet Fever	
Meningitis		Rheumatic Fever	
Tuberculosis			

Please list all allergies your child has: _____

Please list any recent injuries, illnesses and/or surgeries: _____

Please note any other health problem not listed above: _____

Custodial Guardian Signature

Date

This **“Health Examination Record”** and **“Health History Form”** may be faxed or mailed to School's Out at Faith Assembly.

Office: (845) 462 - 5955 x199

Fax: (845) 462 - 5826

Mail: Faith Assembly of God

Attn: School's Out

254 Spackenkill Road

Poughkeepsie, NY. 12603