**CPC After School Application (2019 - 2020)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **D. O. B** | **Grade** | **School** | **Dismissal Time** |
| **1st Child** |  |  |  |  |  |
| **2nd Child** |  |  |  |  |  |
| **3rd Child** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Conditions/ Allergies** | | | | | |
| **1st Child** |  | Dr.’s Name |  | Telephone |  |
| **2nd Child** |  | Dr.’s Name |  | Telephone |  |
| **3rd Child** |  | Dr.’s Name |  | Telephone |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | Street | | | City |
| State | Zip Code | Home Phone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother’s Information** | | | |
| Name |  | | |
| Work Place |  | Work Phone |  |
| Cell Phone |  | Email |  |
| **Father’s Information** | | | |
| Name |  | | |
| Work Place |  | Work Phone |  |
| Cell Phone |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact** | | | |
| Name |  | Telephone |  |
| Name |  | Telephone |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authorized Pick-up** \*\*\* must be 18 years or older to pick-up your child. **NO EXCEPTIONS!** | | | | | |
| Name |  | Telephone |  | Relationship to Child |  |
| Name |  | Telephone |  | Relationship to Child |  |

Parent’s consent is required for the following items. If parental consent is not received, a child may not be accepted to the program. Please check the boxes below and initial where indicated provided you are consenting to the terms.

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , mother and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , father of listed children above, agree to the following.

|  |
| --- |
| □ If parents or emergency contact cannot be reached, I give permission for my child(ren) to be treated by a physician and/ or hospital if he/she requires medical attention during hours while in custody of Central Presbyterian Church of New York After School Program, the Director is authorized to seek such medical or health related attention that he/she deems necessary.  \_\_\_\_\_ \_\_\_\_\_ (Both parents initial) |
|  |
| □ I give consent for my child to be photographed during group activities and for these photographs to be posted online and printed for advertising purposes and understand that any picture or video taken by or on behalf of CPC After School will be its exclusive property and may be used for any reasonable purpose related to its business.  \_\_\_\_\_ \_\_\_\_\_ (Both parents initial) |
|  |

Mother’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CPC After School Program Policies**

We **DO NOT** pro-rate for sickness, vacation or emergency closings. Tuition is to be paid **PROMPTLY** on registration. It is understood that **NO** part of the tuition refundable.

Our program ends promptly at 5:30 PM. Kindly ensure that arrangements are made to have your child picked up on time every day.

There is a bounced check fee of $30 per check. We accept personal/bank checks. CASH IS **NOT** ACCEPTED. In the event that up to two personal checks are returned for non-payment due to insufficient funds, the only acceptable form of payment after that time will be a certified check or money order. Rates are non-negotiable.

Should the need arise to close due to inclement weather, you will receive a text and email will be sent out by 1:30 PM.

I acknowledge that I have received a copy of CPC After School Program Policies.

Mother’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Use ONLY

Please make checks payable to

**CPC of NY**

and send to:

**Attn: CPC Day School**

**Central Presbyterian Church of NY**

154 Old Westbury Road,

Old Westbury, NY 11568

Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation: \_\_\_\_\_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Total Tuition** | **Paid Amount** | **Balance** | **Check No.** | **Ref.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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