



SCOPE Student Services Registration Application

100 Lawrence Avenue, Smithtown, NY 11787 Telephone: 631-360-0800

SCOPE ID#: _____

Registration is annually and mail-in only to the address above with registration fee and first month's tuition. * Payment does not guarantee immediate placement. Your child's start date is determined by program availability, staffing, and date received. SCOPE will contact you with your child's start date. If we cannot accommodate your child, a refund will be issued.

PLEASE PRESS FIRMLY

Child's Name: _____ Date of Birth: _____ Gender: _____

School District: _____ School Name: _____ Entering Grade: _____

Program Site: _____ * Requested Start Date: _____ / _____ / _____

Parent/Guardian Information: (Both parents must be listed) (Month) (Day) (Year)

Child may be released to either parent? YES NO Note: If NO, legal documentation is required. Child resides with: _____

1. Name: _____ Relationship to child: _____ Cell Phone: _____ E-mail: _____

Home Address: _____ Home Phone: _____

(Street) (Town) (Zip)

Place of work: _____ Address: _____ Work Hours: _____ Work Phone: _____

2. Name: _____ Relationship to child: _____ Cell Phone: _____ E-mail: _____

Home Address: _____ Home Phone: _____

(Street) (Town) (Zip)

Place of work: _____ Address: _____ Work Hours: _____ Work Phone: _____

Provide information for a minimum of two additional local adults (who are age 18 years or older) who can be reached during program hours (if necessary) and are authorized to pick up your child. The following people will also be contacted in the case of illness, accident, or emergency in the event the custodial parent or legal guardian cannot be reached. A minimum of 2 local contacts are required.

1. Name: _____ Relationship to child: _____

Address: _____ Home #: _____ Cell #: _____

2. Name: _____ Relationship to child: _____

Address: _____ Home #: _____ Cell #: _____

3. Neighbor: _____

Address: _____ Home #: _____ Cell #: _____

My child may require the following medication during the SCOPE program on an emergency basis only: (check off all that may apply and note that paperwork is required.) Auto Injector Epinephrine Benadryl/Antihistamine Inhaler

Indicate areas of child's special needs by circling YES or NO: (Please refer to item 17 on reverse side)

Emotional YES NO **Social** YES NO **Medical** YES NO **Psychological** YES NO **Educational** YES NO

Explain each circled item and include any allergies, medication, etc.: _____

Doctor's Name: _____ Doctor's Phone Number: _____

I DO/DO NOT (circle one) give permission for my child to appear in any media coverage approved by the SCOPE Program.

Please circle the programs you are registering for and check what days of the week your child will be attending:

Before School Program Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____ All 5 Days _____

After School Program Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____ All 5 Days _____

Do you anticipate any changes in this schedule? Yes No If yes, please explain: _____

I have read, understand and agree to adhere to the SCOPE Student Services registration agreement on the reverse side. Attached is my non-refundable annual registration fee (\$40.00 for the first child and \$20.00 for each additional child) the first month's tuition and blue emergency card.

Signature _____ Date _____

THIS PORTION TO BE COMPLETED BY SCOPE OFFICE										Rec'd. by: _____	
Date	A.M.	P.M.	Reg. Fee + Tuition	Payment Method	Confirmation Letter Date:	Confirmation Letter By:	A.M. W/L #	P.M. W/L #	Wait List Letter Date:	Wait List Letter By:	NOTES:

SCOPE Registration Agreement

1. I understand that there is an annual registration fee which includes insurance. This fee is non-refundable unless the program is cancelled due to insufficient enrollment.
2. I understand there is a **non-refundable** monthly tuition fee. Tuition is due on or before the 15th of each month in advance for the upcoming month (with the exception of the 1st month's tuition, payable upon registration). SCOPE does not invoice. There are only two rates available: part-time or full-time. There is no switching back and forth between rates. Fees are subject to change.
3. **I understand no payments of any kind or registration applications will be accepted at the program site.**
4. I understand my child's enrollment is based upon continuous usage. In order to remain enrolled in the program the minimum monthly tuition payment must be paid. If said payment is not received, my child may be removed from the program.
5. I understand my completed calendar for the upcoming month must be returned to the program supervisor in order to maintain the proper staff/student ratio and to ensure the safety of my child. Once the calendar is received, days cannot be switched and can only be added with advance notice to the program supervisor.
6. I understand the sibling discount is calculated by deducting 20% from the sibling who is attending the least amount of days.
7. I understand that payments received after the due date are subject to an automatic late fee charge of \$20.00. If payment and late fee is not received within 10 days from due date then my child may be removed from the program.
8. I understand that if my check is returned for insufficient funds, a \$45.00 fee will be charged (\$25.00 administration fee & \$20.00 late payment fee). After two returned checks, all tuition fees will be required to be paid by money order, certified check, or credit card. I understand if my credit card is declined I will be charged a \$25.00 fee (\$20.00 late fee and \$5.00 reprocessing fee).
9. I understand that I or a person authorized by me (at least 18 years of age or older) must sign my child into the program for the morning session and/or sign my child out when leaving the afternoon session.
10. **I understand that if school is closed or closes early due to inclement weather or any other emergency, the SCOPE Program will also be closed, and if there is a delayed opening, the before-school program will be closed. The SCOPE program may be required by the school district to close when after-school activities are cancelled. Parents are responsible for calling the designated number to obtain afternoon program status.**
11. I understand that if, for any reason, my child will not be attending the after school program on a scheduled day, I will notify the Program Supervisor before the start of the program.
12. **I understand there will be no refunds in the event my child is absent on a scheduled day.** Credits will only be honored after my child is absent from the program due to illness for three or more consecutive days with a doctor's note.
13. I understand that if I arrive to the PM Program after closing time, I will incur a \$10.00 late fee for every 15 minutes, or part thereof, that I am delayed. If I know that I will be late, I agree to arrange for an authorized person to pick-up my child from the after school program. Excessive lateness may result in exclusion of my child from the program.
14. I understand that if my child becomes ill during program hours, my child will be kept separate from the group. I will be contacted, and I or an authorized person will pick up my child as soon as possible.
15. I understand in programs which SCOPE staff have appropriate MAT training that only antihistamines, auto-injectors, and inhalers may be administered. Other medications, including over the counter medications, will not be administered unless required by the ADA. SCOPE cannot take possession of any medication, and your child cannot start the program until you meet with the program supervisor to review required paperwork.
16. I understand that my child's continued acceptance into the program depends upon my compliance with SCOPE rules and regulations and on my child's ability to comply with the rules and regulations of the program. My child and I agree to review and sign the SCOPE Code of Conduct.
17. I understand that SCOPE is not a special needs program. However, SCOPE will make every effort to reasonably accommodate my child's needs. I must complete a student profile form and an individual health care form should one be required. Once it is received, I will be contacted to discuss what accommodations SCOPE will provide, at which time I can make a judgment regarding my child's placement. Failure to disclose pertinent information which would affect staffing/safety may result in my child's exclusion from the program. Additional services provided by SCOPE may require an adjustment in tuition for my child.
18. I agree to inform the program supervisor immediately of any changes in the information I have provided and of any special needs my child may have.
19. In case of accident or injury I authorize any and all emergency medical, dental and/or surgical care and hospitalization advised by the physician, surgeon or hospital necessary for the proper health and well-being of my child.

***Please mail this registration application, annual registration fee, and first month's tuition to:
SCOPE Student Registration, 100 Lawrence Ave., Smithtown, NY 11787***

*We are regulated and monitored by the New York State Office of Children & Family Services. If any concerns or issues should arise regarding child care policies and procedures, feel free to contact the Long Island Regional Office: Perry Duryea State Office Bldg.,
250 Veterans Memorial Highway, Suite 2A-20, Hauppauge, NY 11788 • (631) 240-2560 • Please keep this for your record.*