Neighborhood Initiatives Development Corporation (NIDC)
After School Program @ PS 483

September 2019 – June 2020

PARENTAL CONTRACT

I understand that I am enrolling my child ____________________________ in Neighborhood Initiatives Development Corporation 2019-2020 (Fee Based) After School Program.

I understand my child or their parent/ guardian can terminate my child from the program at anytime due to any extreme and/ or inappropriate behavior.

Date
Print Your Name
Signature

__________________________
Relationship to Child

Office Use Only:

Grade: _________________
Fee Based: ________________
Date: ________________
ENROLLMENT/ PARENT AGREEMENT

I understand that I am enrolling my child ______________________ in the Neighborhood Initiatives Development Corporation 2019-2020 After School Program.

1. I understand that I am responsible for the after school installments (payment) each month. My enrollment payment is required to register each child.

2. I understand when enrolling my child to afterschool during the mid or end of the month, the enrollment charge will change. Monthly installments (payment) are subject to change. All changes will take affect the following month. Please see parent’s payment Information for more detail.

3. I understand that I will be responsible for fees for the time reserved, not actual time spent at the program. Therefore there will be no refunds or credit given for absences from the After School Program.

4. I understand that I must pay the full amount for the program on the date provided by the Site Supervisor every month. I also understand that my child can be suspended or dismissed from afterschool services if payments are not made before or on Site Supervisor provided date. We do not accept post dated checks and if any checks are returned for insufficient funds, you are required to pay the bank fee as well as the initial balance.

5. I understand that my child can only begin afterschool on Mondays of every month unless stated otherwise from the supervisor.

6. I understand that the staff will assume full responsibility for my child from the start of the program (which starts once teachers release the child into our care) until my child leaves the program according to the written instructions of departure. I understand that the staff is not responsible for my child before they are released into our care or once a child is signed out of the program.

7. I understand that dismissal is from 5:45p.m to 6:00p.m. I will make arrangements to have my child picked up on time every day. If I cannot pick up my child, I will make alternate arrangements with someone on my pre-authorized pickup list (friend, relative, or babysitter) and will contact the Group Leader of my child’s group when doing so.

8. I agree that if my child remains with the program after 6:00p.m, there will be a late fee charge. There is a late fee of $1 per minute. Even if I contact my child’s staff member in advance, I will still be charged a late fee. If your child remains in your care after 7:00p.m, he/she will be taken to the 47th Precinct.
Late Fees (see late fee rule in parent handbook) must be paid within 5 days or your child will be suspended until payment is made. The only exceptions are emergencies or excused reasons accepted by your child’s Group Leader or Site Supervisor. It is expected that in emergencies, you will make reasonable attempts to reach staff at phone numbers to be provided.

9. I understand that students are not allowed to bring personal items to the program—cell phones, IPods, videogames, toys, etc. If a child brings personal items to the program, NIDC personnel are not responsible for those items and are not responsible for replacing them if they are lost, stolen or broken during after school hours. Students may not wear “Heelies” or any other type of shoe with wheels during the program.

10. I understand it is mandated to attend the parent’s orientation where I will receive further information about the after school, the staff, the program schedule and guidelines.

11. I understand that if I am called by N.I.D.C. staff for any reason (illness, behavioral problems, etc.), I will have my child picked up within an hour. If your child is sick or has any possibly contagious illness or condition your child may only be allowed to resume attendance in the program with a medical note from the doctor, if needed by the illness. If this problem occurs more than once then your child may be removed from the program.

12. The safe, fun and smooth operation of the after school program depends greatly on the cooperation of all participants. Children are expected to obey all rules as stated at the orientation meeting/enrollment form/parental contract. Parents/guardians are expected to effectively communicate with their children the need to cooperate. Outstanding and ongoing behavioral issues will be communicated to the parents/guardians. A child’s inability to follow directions and treat others with courtesy and respect will result in further action. The following are the actions that will occur if behavior is not corrected:
   1. Child will
   2. Child will receive a written warning.
   3. Child will receive a suspension.
   4. Child will be terminated from the program.

Parents will receive/sign on all behavioral reports the child receives. Refusal to sign does not void the behavioral report. **Any inappropriate behavior by a parent/guardian will result in a child’s termination from the program.**

13. I understand that I must provide updated medical information as reflected in the New York City Department of Health’s “Child & Adolescent Health Examination Form” before the child’s enrollment will be considered complete and allowed to participate in the program.

14. The program hours are from 2:15pm to 5:45pm and dismissal from 5:45pm till 6:00pm. The structure and model for the program requires that each child participates in all of the activities on a daily basis. In the past, parents have picked up their children during the middle of the program. The child isn’t able to benefit fully from all of the program’s activities if they are continually drawn away from their groups and
staff has to escort children to the security desk to be picked up. If your child is picked up early on a daily basis your child can be removed from the program.

15. I understand if a child continues to be picked up earlier than the regularly scheduled time; the parent/guardian will be asked to make alternate arrangements for their child. Please note that ALL children will be dismissed between 5:45pm- 6:00pm unless it’s an emergency. **If you have an emergency and need to pick up your child, please inform your child’s Group Leader. If “emergencies” continue on a regular basis, you will be asked to make alternative arrangements.**

16. **Medical Consent/ Parental Authorization**
   The student’s medical conditions which are clearly stated on this application are complete and correct. I understand that my child will not be given any medication during program hours. I hereby give permission to Neighborhood Initiatives Development Corporation personal to administer first aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by Neighborhood Initiatives Development Corporation personal to examine, diagnose, and treat or secure proper treatment for the student as the physician shall determine what’s proper and necessary under the circumstances. A photocopy of this authorization shall be valid and may be accepted as the original.

17. I have read and agree to the stated policies and procedures of the NIDC Afterschool Program (Fee Based) as stated here and I give my child permission to participate fully in this program. By signing below, I understand that participation in the NIDC Program is a privilege. Participating children must follow the rules and guidelines outlined in the program’s Parent Handbook. Disruptive, disrespectful, or other prohibited behavior is reason for disciplinary action. I understand that though the program staff is committed and qualified, that my help and support is needed in meeting program expectations. Furthermore, in order for the program to provide educational services to my child I will provide a copy of their report cards and/or grant access to my child’s academic reports. I am encouraged to discuss concerns and good reports about my child’s behavior and/or academic progress with program staff.

   I have been informed of the nature of N.I.D.C.’s Program in which the student is enrolled. I understand that there are risks associated with the student’s participation in the activities. With this knowledge, I grant permission for my child to participate in all program activities and on behalf of the child I accept and assume the risk and full responsibility for injury, illness, loss of personal property or damage, death, and medical or other expenses resulting from the student’s presence at the N.I.D.C. Afterschool Program.

   I hereby release and discharge N.I.D.C. and their agents and employees from liability to us and to my child for any and all losses, damages, expenses, and any injury to person or property, including death, resulting from the student’s travel to/ from N.I.D.C. and participation in the program.

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<th>Date</th>
<th>Print Your Name</th>
<th>Signature</th>
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Relationship to Child
NIDC Afterschool @ PS 483 Registration Form
September 2019 – June 2020

My child will participate in NIDC’s NIDC Afterschool at PS 483 2019 - 2020 Program. I have read and understand the guidelines and procedures concerning discipline, payments, and late pickup fees. I also agree to pick up my child by 6:00 P.M. each day the program is in session.

Child’s Name________________________________________

Date of Birth ___/___/____  Current Age____  Sex _____  Ethnicity________________

School Attending ____________________________________  Current Grade ______

Teachers Name: ____________________  Classroom Room #:: _____________

Address of School ______________________________________

City_________________________________  State__________  Zip_____________

PARENT/GUARDIAN INFORMATION

Mother’s Name____________________________

Address if different from child’s_______________________________________

Place of Employment_______________________________________________

Phone (H) ____________________  Phone (W)__________________________  Cell___________

Email Address______________________________________________

Father’s Name____________________________________________________

Address if different from child’s_______________________________________

Place of Employment_______________________________________________

Phone (H) ____________________  Phone (W)__________________________  Cell___________

Email Address______________________________________________

PLEASE SEE REVERSE SIDE
EMERGENCY CONTACT INFORMATION

Other than parent/guardian, in case of an emergency, please contact:

Name ____________________________ Relationship to child ____________________________
Phone (H) ___________________ Phone (W) ___________________ Cell ______________________

Name ____________________________ Relationship to child ____________________________
Phone (H) ___________________ Phone (W) ___________________ Cell ______________________

Is there a person who is not permitted to have contact with your child? (Check One) Yes_____ No_____ 

If yes, please specify and provide legal documentation stating such:

Name ____________________________ Relationship ____________________________
Name ____________________________ Relationship ____________________________
Name ____________________________ Relationship ____________________________

Can child walk home alone? (Check One) Yes ____ No _____

Does child have a sibling that participates in the program? Yes ____ No _____

If yes: Name__________________________ Grade__________________________

By signing below I understand that participation in the program is a privilege. Participating children must follow the rules and guidelines outlined in the program’s Parents’ Handbook. Disruptive, disrespectful, or other prohibited behavior is reason for disciplinary action. I understand that though the program staff is committed and qualified that my help and support is needed in meeting program expectations. I am encouraged to discuss concerns and good reports about my child’s behavior and/or academic progress with program staff.

_________________________________________ _______________________
Parent/Guardian’s Signature Date
NIDC Afterschool @ PS 483 Registration Form
September 2019 – June 2020

Child’s Name ________________________________________________

Date of Birth ____/____/____ Age____ Sex ____ Ethnicity ________________

Home Address ________________________________________________

City ___________________________ State ____________ Zip ____________

Please check any box that applies to your child:

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<thead>
<tr>
<th>Allergies to food: ________</th>
<th>Yes</th>
<th>No</th>
<th>Corrective Devices (glasses, hearing aid, etc.)</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Allergies to medicine: ______</td>
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<td>Diabetes</td>
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<td>Other Allergies: ______</td>
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<td>Individualized Education Plan</td>
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<td>Asthma</td>
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<td>Physical Disabilities</td>
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<td>Behavioral/Emotional Issues</td>
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<td>Convulsions/Seizures</td>
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Does your child have special health care needs that require treatment and/or medication? _____ Yes _____ No
Please Explain: ________________________________________________________________
______________________________________________________________________________

Does your child take medication for any condition or illness? _____ Yes _____ No
Please Explain: ________________________________________________________________
______________________________________________________________________________

Are there any activities your child cannot participate in? _____Yes _____No
Please Explain: ________________________________________________________________
______________________________________________________________________________

Other IMPORTANT medical needs? _____Yes _____No
Please Explain: ________________________________________________________________
______________________________________________________________________________

Insurance Company: ____________________________________________________________

Policy Holder’s ID#: _______________________________

Physician’s Name ___________________________ Phone # _________________________

Physician’s Address __________________________

Site Name: NIDC Afterschool @ PS 483  
September 2019 – June 2020

MEDICAL CONSENT/PARENTAL AUTHORIZATION

The student’s medical conditions stated on this application are complete and correct. I understand that my child will not be given medication during program hours. I hereby give permission to Neighborhood Initiatives Development Corporation (NIDC) personnel to administer first aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by NIDC personnel to examine, diagnose, and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

I have been informed of the nature of NIDC’s Afterschool Program in which the student is enrolled. I understand that there are risks associated with the student’s participation in the program activities. With this knowledge, I grant permission for my child to participate in all program activities and on behalf of the child I accept and assume the risk and full responsibility for injury, illness, or loss of personal property or other damage, and medical or other expense resulting from the student’s presence at NIDC.

I hereby release and discharge NIDC and their agents and employees from liability to us and to my child for any and all losses, damages and expenses and any injury to person or property, resulting from the student’s travel to or from NIDC and participation in the program.

*Signature _____________________________________________  Date _________________

Parent or Legal Guardian

*This application is not complete until you have returned your child’s medical form as required by the New York City Department of Health.
Participant Name: ____________________________

1. Photo/Video Release Waiver

I hereby consent to and authorize the use of information, quotes, photos, and images including media and television that have or will be taken of my child for the purposes of NIDC and DYCD publicly. I understand that neither my child nor his/ her family will receive payment for allowing interviews, photos, or videotaping. It is also agreed that the child’s name may accompany quoted or video when deemed appropriate by NIDC and DYCD.

Parent Signature: _________________________________ Date: ______________

2. Emergency Medical Treatment

I authorize the NIDC Afterschool program staff to seek medical assistance for my child if needed in my absence.

Parent Signature: _________________________________ Date: ______________

3. Liability Waiver

I understand that if my child is injured at the program, it is not the responsibility of the NIDC Afterschool program. I also understand that NIDC cannot be held responsible for any lost/stolen personal items such as cell phones, pagers, jewelry, money, music devices, etc none of which are encouraged to be brought to the program. I have received the Parent Handbook and will be responsible for reading adhering to the guidelines outlined in this information, including instruction on the behavior of my child.

Parent Signature: _________________________________ Date: ______________

4. Sickness/Illness

If your child is sick or has any possibly contagious illness or condition your child cannot return to the program, until a doctor’s note. If this problem occurs more than once then your child may be removed from the Afterschool program.

Parent Signature: _________________________________ Date: ______________

5. Parent’ Payment Information

I have received, read and understood the parent’s payment information.

Parent Signature: _________________________________ Date: ______________
NIDC Afterschool @ PS 483 Release Form  
September 2019 – June 2020

I __________________________ give permission for my child __________________ who attends after school to be picked up by:

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<tr>
<th>Name</th>
<th>Number</th>
<th>Relationship to child</th>
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Parent Signature __________________________ Date ______________

REMINDER: Photo Identification must be provided at time of pick up.