

- ALL FAMILIES MUST COMPLETE THIS PAGE -

SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS

Depending on your child's need, additional paperwork and a meeting with the Child Care Director may be required prior to your child's start to ensure how your child can best be accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of, or continued participation by your child in the program.

CHILD'S NAME

DATE OF BIRTH

DOES YOUR CHILD HAVE ANY SPECIAL HEALTH NEEDS?

NO YES **If yes, please describe:** _____

Is your child under the care of a physician for this condition? NO YES

Describe any challenges with movement, hearing, eyesight, or thinking: _____

Please list special safety instructions/crisis plan recommendations: _____

DOES YOUR CHILD HAVE ANY ALLERGIES—including drug reactions?

NO YES **If yes, please list allergies and complete below:**

1. _____ What happens: _____
2. _____ What happens: _____
3. _____ What happens: _____

ARE THERE ANY FOODS YOUR CHILD MAY NOT EAT?

NO YES **If yes, please specify:** _____

DOES YOUR CHILD REQUIRE EMERGENCY MEDICATION TO BE KEPT AT THE PROGRAM? NO YES

If yes, please indicate which medication: EPI PEN EPI PEN and BENEDRYL Benedryl cannot be accepted unless it is with an Epi Pen

INHALER NEBULIZER v [Click Here](#) v

NOTE: Before your application can be processed you must submit a [Written Medication Consent Form](#) for **each** medication signed by you and your doctor; and provide us with current, updated medication. This form can be obtained from our website or the REACH CYA office. If medication expires it will be immediately removed from the program.

DOES YOUR CHILD TAKE REGULAR MEDICATIONS? * NO YES

If yes, specify name and purpose below:

1. _____ Purpose: _____
2. _____ Purpose: _____
3. _____ Purpose: _____

**Note: REACH CYA staff may not administer medication, except for those listed above as prescribed for emergencies.*

DOES YOUR CHILD HAVE ANY SPECIAL SUPERVISION NEEDS (Physical, behavioral, emotional, developmental, etc.?)

NO YES **If yes, please describe:** _____

Please describe specific symptomatic behaviors: _____

Please list triggers: _____

Please list symptoms: _____

Please describe how you recommend handling behaviors: _____

DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES? NO YES **If yes, please check all that apply:**

____ RESOURCE ROOM

____ ONE-TO-ONE PARA

____ SELF CONTAINED CLASS (STUDENT/TEACHER RATIO _____)

____ OTHER (EXPLANATION REQUIRED) _____

REACH CYA HEALTH INFORMATION FORM

| CHILD'S EMERGENCY HEALTH INFORMATION | | |
|--------------------------------------|--------------|-------|
| CHILD'S NAME | D.O.B. | |
| PARENT/GUARDIAN | | |
| PHONE (PRIMARY NUMBER TO CALL) | ALT. PHONE | |
| EMERGENCY CONTACT | RELATIONSHIP | PHONE |
| CHILD'S PHYSICIAN | PHONE | |
| ADDRESS | | |
| HOSPITAL YOU PREFER | | |

| CHILD'S MEDICAL INSURANCE COVERAGE | |
|------------------------------------|---------------|
| INSURANCE COMPANY | POLICY NUMBER |
| POLICY HOLDER NAME | EMPLOYER NAME |

EMERGENCY MEDICAL CONSENT

In the event I cannot be reached in a medical emergency, I give REACH Community and Youth Agency, Inc. staff authorization to secure proper medical treatment, including taking my above named child to the nearest hospital. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I understand REACH CYA does not provide any health/hospitalization insurance for program participants. I agree to hold REACH CYA, Inc., staff, Board of Directors, volunteer chaperones, designated drivers and all funding sources harmless from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury or property damage, to the extent permitted by law. I understand and fully give the consent described above.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____



**All families must complete the
Medical, Behavioral or Developmental Needs Form
 on the previous page.**

SCHEDULE & LAST MONTH SECURITY DEPOSIT

CHILD'S NAME _____

BEFORE SCHOOL PROGRAM

SCHEDULE OPTIONS – Please check one:

BEFORE SCHOOL – CONSISTENT SCHEDULE

Please circle days your child will attend:

M T W TH F

BEFORE SCHOOL – VARIED SCHEDULE

I will notify the REACH CYA office by **2:00pm**, **one day in advance**, when my child will use the program.

AFTER SCHOOL PROGRAM

SCHEDULE OPTIONS – Please check one:

AFTER SCHOOL – CONSISTENT SCHEDULE

Please circle days your child will attend:

M T W TH F

I will notify the REACH CYA office before **2:00pm**, when my child will not attend the program on a scheduled day.

AFTER SCHOOL – VARIED SCHEDULE

I will notify my child's elementary school and REACH CYA by **2:00pm** each time my child will attend the program.

LAST MONTH SECURITY DEPOSIT

Your Last Month Security Deposit will be applied to your final invoice at the end of the school year. Unused funds will be returned to you in July.

PLEASE CHECK APPROPRIATE BOX:

- \$150 per family – BEFORE SCHOOL PROGRAM ONLY
- \$150 per family – AFTER SCHOOL PROGRAM ONLY
- \$200 per family – BEFORE & AFTER SCHOOL PROGRAMS

| | |
|------------------------------|-------------------|
| Last Month Security Deposit | \$ _____ |
| PLUS Family Registration Fee | + \$60 per family |
| Total Amount Due | \$ _____ |

Please make check payable to REACH CYA, Inc.

BEFORE and AFTER SCHOOL BEHAVIOR AGREEMENT

Please read and discuss this agreement with your child before signing.

1. I agree to listen to adult staff members and follow their direction.
2. I agree that I must pick up after myself and put things away.
3. I agree that I will not take things that do not belong to me.
4. I will not leave a room without permission from a staff member.
5. I agree that everyone is different and we may do things differently. I will not make fun of other people or the way they do things.
6. I agree that words can hurt people, and that I will not use bad language or say mean things.
7. I agree not to hit, punch, kick, push, wrestle or put my hands on anyone in any manner.
8. I agree not to make rude and socially unacceptable gestures, comments, writings or drawings.
9. I agree that if I am angry or upset about the way someone behaves towards me that I will find an adult to talk to.
10. I understand that if I cannot follow these guidelines, I may be immediately suspended or dismissed from the REACH CYA program.

Child's Signature _____ Date _____



REACH CYA PARENT AGREEMENT

I have read and agree to the contents of the REACH CYA Registration Packet and Enrollment Application, including:

- Registration Deadlines
- Enrollment Requirements and Application of Last Month Security Deposit
- Program Fees and Additional Fees
- Schedule Change Deadlines
- Paperless Billing
- Payment Terms
- Financial Assistance - Suffolk County Department of Social Services
- Before School Program Information and Procedures
- After School Program Information and Procedures
- "Varied Schedule" Procedures
- Breakfast and Snack Information
- Drop-Off and Pick-Up Procedures
- Illnesses
- Password Information
- Custody Agreements
- Behavior Guidelines and Agreement
- Emergency Closings, Parent Notifications, Emergency Relocation
- Notification of Medical, Behavioral, Supervision, Special Education Needs
- Written Medication Consent Form if emergency medication is required to be kept at the program

In addition, I agree to abide by REACH CYA's guidelines including but not limited to:

- ▶ I am responsible for the full daily tuition fee once my child reports to the program.
- ▶ I am responsible for all child care expenses incurred for the child(ren) I have registered. I understand that it is not the responsibility of REACH CYA to seek collection of fees from other responsible parties.
- ▶ REACH CYA reserves the right to change payment terms based on delinquent or slow payment history.
- ▶ In the event that my account is referred to an attorney, I will pay attorney's fees of 25% of the total unpaid balance plus court costs. Should my account be referred to a collection agency REACH CYA reserves the right to deny future enrollment in any REACH CYA programs.
- ▶ I must notify REACH CYA if someone other than those on my authorized list will be picking up my child.
- ▶ REACH CYA will use the emergency numbers I provide to arrange for transportation if my child appears ill, is not picked up by the end of the program, or if the program closes early due to inclement weather conditions or any other emergency.
- ▶ REACH CYA is not responsible for my child's missing or damaged items. I am aware that my child should leave valuable belongings at home.
- ▶ I give (do not give) permission for REACH CYA to use activity photographs of my child in publicity materials.

Parent/Guardian Signature _____ Date _____



| | |
|------------------------------------|--|
| <u>FOR OFFICE USE ONLY:</u> | TOTAL RECEIVED \$ _____ CASH / CHECK # _____ |
| | RECEIVED BY _____ DATE _____ |