Before & After School Shepherd's Gate Registration Med Alert__

1725 Brentwood Rd. Brentwood N.Y 11717

Website: www.shepherdsgateacademy.com

631-435-3215 Email: info@shepherdsgateacademy.com Today's Date__/__/2024

Parent/Guardian 1	Parent/Guardian 2
Mother's Full Name/Nombre Completo de Madre:	Father's Full Name/Nombre Completo de Papa:
Mother's Cell Phone/ Celular de Madre: ( )	Father's Cell Phone/ Celular de Padre: ( )
Mother's Employer/ Empleador de Madre:	Father's Employer/ Empleador de Papa:
Position/Posicion:	Position/Posicion:
Mother's work Phone/Telefono de Trabajo de Mama: **( )**	Father's Work Phone/Telefono de Trabajo de Papa: **( )**
Mother's Email/ Correo Electronico de Mama:	Father's Email/ Correo Electronico de Papa:
Address/Direccion:	
Parent: Private ☐ DSS Approved ☐ DSS Applying ☐ 1199 ☐ Scholarship ☐ Other ☐	
School:	

Emergency Contacts

Name	Phone Number	Relationship/Relacion	Allowed to remove premises? Autorizado a llevarse Nino/a
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
Physician		Doctor	Yes ☐ No ☐

Child's Name (print clearly)	**Age**	**Gender** **M / F**	**DOB** **(Fecha de Nacimiento** **M/D/YYYY**	**Grade**	Before/After School Care		Start Date mm/dd/yyyy **(Office use only)**
					Before School 6:30 - 8:30	After Sch. 3 – 5:30 PM	
1)					☐	☐	
2)					☐	☐	
3)					☐	☐	
DSS Case Worker Name: DSS Case Number:			Phone: Parent Fee, weekly: $				Start Date: End Date:

I _____The parent of _____ have reviewed Shepherd's Gate Payment Policy and I agree to the terms specified.

_____Signature _____ Date

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Office Use Only Childcare Services	Due	Paid	Tuition Due monthly	Tuition Due yearly	Date Due
Non-Refundable registration Fee ($75/child)[1]	$ 75/child				
After School Care only	$		$250		
Before School Care only	$		$150		
Before and after School Care	$		$300		
	$				
Total Due Before 1st day:	$				

IMPORTANT NOTICE

Contract period is 10 months, Sept.-June. The monthly fee for childcare will be the same every month.NO Credit for weeks or days not attended. An additional fee for family requested half and/or full day childcare will be added to your monthly amount due.

Statement of Cooperation

It is my understanding that the policy for Shepherd's Gate is to make no refunds on registration fees. I give Shepherd's Gate permission for my child to take part in all school activities, including bus trips, sports activities and school-sponsored trips away from the school premises. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child be taken against Shepherd's Gate or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Shepherd's Gate or its agent should incur to defend itself against such action.

This Statement of Cooperation will be in effect for as long as my children listed (or others to be enrolled) attend Shepherd's Gate whether it be Summer Camp, Pre-Kindergarten, Kindergarten or Before/After school care.

I understand that should my marital status change that it is my responsibility to have a corrected Statement of Cooperation signed and updated and delivered to Shepherd's Gate. Shepherd's Gate admits children of any race, color, religion, and national or ethnic origin.

Mother _____ Father _____

Guardian _____ Date: _____

Medical Alert:

Does your child have allergies? If yes, to what? Milk, eggs, bee sting, peanuts, etc? What precautions should be observed?

Is your child on daily medication? If yes, describe medication and regimen (Ritalin, insulin, etc.). Fully describe in writing any physical or emotional limitations.

Medical Emergency: In case of injury or illness to my child, if I cannot be contacted, I hereby grant Shepherd's Gate permission to seek and apply medical aid appropriate to prudent care.

Please Circle & Initial Yes No_____ I give permission for pictures to be taken for use by Shepherd's Gate to be displayed in yearbooks, brochures and website purposes, not to be shared with any outside organization.

If parents are separated or divorced, with whom does the child live? _____ Today's Date:

Parent Signature: _____ SG Signature _____

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Before & After School Payment Policy

***Please Note* We Are On A Paperless Billing System**

As we celebrate another wonderful year, we would like to take this opportunity to thank you for allowing us to serve your family. There will not be an increase in our tuition this year, but we are making a few changes to our payment policy in an effort to remain at the same low tuition as previous years and still provide the highest quality childcare. We thank you and are looking forward to another amazing year.

Changes to Our Billing Policy:

We are proud to announce that this year, we will be utilizing an accounts receivable program offered through Procare that will enable parents to use a safe and secure method to pay tuition. Tuition payments can automatically be withdrawn from either their checking account or credit card. Monthly tuition is due at the beginning of every month not later than the 5th. Therefore automatic withdrawal will be taken out between the 1st and the 5th of the month. We are requesting one month of tuition be paid in advance for families that would not like to participate in the automatic withdrawal program. This advance payment would be applied to the last month of childcare.

Any balance still outstanding after the 5th of the month will result in a $25 late fee automatically added to their account balance. If an account is still not at a zero balance by the 15th of the month, childcare services will be automatically suspended. We will send a note to your child's school and Brentwood School Bus Transportation notifying them of this suspension. Reinstatement to childcare services will be permitted only after a $50 Re-Instatement fee is added to your balance and a full payment for the tuition due. A fee of $25 will be added to your account if a check is returned for insufficient funds.

Reservations for full or half day childcare (dictated by school early or unexpected closings) must be made and fully paid in advance, not later the 5th of every month. The fee for half day care is $15. Fees for late pickup after 6 PM (or 6:30 PM if extended hours are pre-arranged) will be posted to your account each week and must be paid for the following Monday.

Parent Signature: _____

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Monthly Tuition Fees

Service Provided	Monthly Fee	Time Provided
Before School	$150	6:30 AM until Pickup by school bus
After School	$250	Drop-off by school bus until 5:30 PM
Before and After School	$300	6:30 AM until pickup by school bus and drop-off by school bus until 5:30 PM
Late pickup (after 5:30 PM) will be calculated at a rate of $1.00 per minute late.		

Account questions: If you have any questions or concerns about your tuition payment you may contact the billing department (631) 435-3215. Any deviation from the above policy statements must be in writing.
(Special payments or account information may be discussed on Monday- Friday from 10 AM - 4 PM or you can e-mail your request for information to info@shepherdsgateacademy.com)

Payments can be made in the form of check, credit card, money order or certified check.

No Credit for child absence, vacation, or school closings.

All Withdrawals from the program must be submitted to the office in writing and there will be NO credit will be given for partial month.

Shepherd's Gate provides your children with free transportation to and from school, homework assistance, supper, and access to many cultural and entertaining experiences, all in a safe, healthy environment. We also have choir, dance classes, sports, game room, monthly themes that are enriching to our community. We offer a beautiful facility for your children and loving and caring Counselors and administrators that acknowledge that your child is the most important person in the world to you and us.

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Transportation Agreement

I, _____, give permission for my childcare provider, or any approved
(Name of parent)

employee of the above program, to transport my child(ren)

1._____ 2. _____ 3. _____
(Name(s) of child(ren) (Name(s) of child(ren) (Name(s) of child(ren)

for the following field trips (Please Initial Below): Trip dates are subject to change due to weather or other circumstance.

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. Staff to child ratios will be maintained throughout the course of the trip. The driver of the bus will not be considered as part of the ratios.

_____ _____/_____/_____
(Parent or Guardian) (Date)

Sunscreen Permission

The child care provider or her substitutes have my permission to apply sunscreen to my child

1. _____ 2. _____ 3. _____
(Name(s) of child(ren) (Name(s) of child(ren) (Name(s) of child(ren)
, as needed. I understand I am still responsible for sending my child with Sunscreen already applied daily.

My signature below signifies that I am aware of and agree with the provider's policy of applying sunscreen as needed, and that I am still responsible for applying it to my child prior to drop off every day during the months needed.

_____ _____/_____/_____
(Parent or Guardian) (Date)

_____ _____/_____/_____
(Office Personnel) (Date)

Automated Payment Processing

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

CHILDS NAME:_____

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

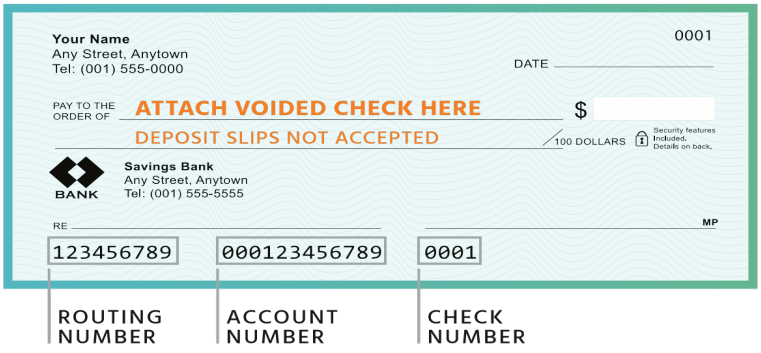
Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____



FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 • procaresoftware.com

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PRIVATE PHYSICIAN'S REPORT

OF PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ GRADE _____

NAME OF CHILD			DATEOF BIRTH	SEX
Last	First	Middle		☐ ☐ M F

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code

MEDICAL HISTORY

IMMUNIZATIONS AND TESTS

VACCINE	Enter Month, Day, And Year Each Immunization Was Given DOSES			BOOSTERS & DATES	
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 /	3 /	4 /	5 /
Measles, Mumps, Rubella	1 / /	/2 /	/ /		
Hepatitis B	1 / //	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Varicella	1 / /	2 / /	Varicella Disease or Lab Evidence Date: _____		
Other _____					

☐ MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health RELIGIOUS

☐ EXEMPTION (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	**Results (mm)**		**Signature**		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on _____.
Date

Result of Diagnostic Studies: _____.
Date

Preventive Anti-Tuberculosis - Chemotherapy ordered. No ☐ Yes ☐ _____

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Significant Medical Conditions

	Yes	No	If Yes, Explain
Allergies.....	☐	☐	_____
Asthma.....	☐	☐	_____
Cardiac.....	☐	☐	_____
Chemical Dependency.....	☐	☐	_____
Drugs.....	☐	☐	_____
Alcohol.....	☐	☐	_____
Diabetes Mellitus.....	☐	☐	_____
Gastrointestinal Disorder.....	☐	☐	_____
Hearing Disorder.....	☐	☐	_____
Hypertension.....	☐	☐	_____
Neuromuscular Disorder.....	☐	☐	_____
Orthopedic Condition.....	☐	☐	_____
Respiratory Illness.....	☐	☐	_____
Seizure Disorder.....	☐	☐	_____
Skin Disorder.....	☐	☐	_____
Vision Disorder.....	☐	☐	_____
Other (Specify).....	☐	☐	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

• Height (inches)				
• Weight (pounds) BMI				
• Pulse ( )				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

_____
Date of Examination

_____ _____
Signature of Examiner **Print** Name of Examiner

_____ _____
Address Telephone Number

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BRENTWOOD PUBLIC SCHOOLS
Brentwood New York

TRANSPORTATION DEPARTMENT

BABYSITTER REQUEST FORM

Requests for change in transportation for babysitting purposes, Child Care, and/or after school care in Shepherd's Gate programs will be accommodated under the following District guidelines:

A. Sitter MUST be in district attendance zone.
B. Seats must be available on requested bus.
C. Requests are for a full week; no partial week will be honored.
D. Only 1 sitter

STUDENT INFORMATION

Child's Name_____
Address_____
Home Phone #_____
Parent's Day Phone #_____
Parent's Fax # and/or E-Mail Address_____
Circle One - Please contact me via: home phone/ day phone/ fax #/ E-Mail
Grade/Date of Birth_____
Assigned School_____

SITTER INFORMATION

Babysitter's Name: **Shepherd's Gate**
Babysitter's Address: **1725 Brentwood Rd. Brentwood NY 11717**
Babysitter's Phone Number: **(631) 435-3215**
Relationship: **Babysitter**

TO SCHOOL ☐
FROM SCHOOL ☐
BOTH TO AND FROM SCHOOL ☐

_____
Parent/Guardian Signature

RETURN COMPLETED FORM TO:

Transportation Office
Anthony F. Feliciano Administration Building
52 Third Ave.
Brentwood, NY 11717

Telephone #: 631-434-2493 Email: transportation@bufsd.org FAX #631-434-2573