



After School Child Care

August 19, 2020

Dear Parents,

As we embark on a new school year and new type of learning, KEEPS will try to help you on the ride. It has been a difficult few months but we are happy that we can offer some services for the 2020/2021 school year. Our Afterschool Program will pick up daily from Daniel Warren and Bellows. We tried to arrange to offer full day services for the “e-learning hybrid model” however our Landlord was not comfortable with allowing us to deviate from the lease.

Registration Instructions

- Please read Parent Handbook carefully and keep handy for reference.
- Complete Registration Contract
- Complete Emergency Information sheet (one per family)
- Sign NYS Health Screen Attestation
- Submit required medical. We require medicals upon initial registration and in grades K, 2, 4 & 6. Use enclosed medical or a copy of school medical form.
- Complete Pre-Attendance Information Survey (new families only)
- Enclose payment for:
 - NONREFUNDABLE** Registration Fee (new families only)
 - NONREFUNDABLE** Deposit*Refer to rate schedule in packet*

All items must be complete to secure a spot.

PO Box 731 . Mamaroneck . NY . 10543
914.698.5632 . Fax 914.698.7169 . info@keepsafterschool.org
www.keepsafterschool.org
NYS Registered



Registration Contract 2020-2021 School Year

1. Child's Name _____ M__ F__ Birth Date _____
School _____ Grade Sept 2020 _____ Cohort **1 or 2** circle

2. Child's Name _____ M__ F__ Birth Date _____
School _____ Grade Sept 2020 _____ Cohort **1 or 2** circle

3. Child's Name _____ M__ F__ Birth Date _____
School _____ Grade Sept 2020 _____ Cohort **1 or 2** circle

Mother's Name _____ Home # _____
Address _____ Cell # _____ Carrier _____
Email _____

Father's Name _____ Home # _____
Address _____ Cell # _____ Carrier _____
Email _____

Contract Schedule: Can be modified only 1 time at the end of December with a \$200 schedule change fee

- Program A: M__ T__ W__ Th__ F__
- Program B: M__ T__ W__ Th__ F__
- Program C: M__ T__ W__ Th__ F__
- Program D: __ space permitting

See Tuition Schedule for Program Details

___ **Transportation** - Permission is granted for KEEPS INC., to transport my child from school to the KEEPS program. Children wait at each school for bus pick up. I understand it is my responsibility to pick my child up from KEEPS at the end of each day.

___ I have received the KEEPS Parent Handbook. I understand that it is my responsibility to read and familiarize myself with the program's policies and procedures.

Enclosed is (PLEASE CHECK):

- ___ **NONREFUNDABLE** Annual Registration Fee per family.
- ___ **NONREFUNDABLE** June tuition deposit **OR** ___ **NONREFUNDABLE** Drop-in deposit.

Signature of Parent or Guardian

Date

KEEPS is dedicated to children of all abilities, cultures, religions, and socioeconomic status. Parents with children requiring special assistance are encouraged to contact the Director.

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Tuition Rates 2020-2021

Program	Days per Week	Number of Children		
		1	2	3
A 3-6pm	1	\$195	\$335	\$485
	2	\$365	\$615	\$885
	3	\$480	\$805	\$1155
	4	\$565	\$935	\$1335
	5	\$665	\$1105	\$1575
B 3-6 ³⁰ pm	1	\$225	\$380	\$545
	2	\$415	\$690	\$985
	3	\$555	\$920	\$1310
	4	\$655	\$1085	\$1545
	5	\$775	\$1280	\$1820
C Half Days <i>No charge if 1/2 day is on your registered day</i>	Rye Neck	\$55	\$100	\$150
	MAS	\$50	\$90	\$135
D Drop-in Only	6pm	\$50	<i>No Drop-in until further notice</i>	
	6:30pm	\$60		
F 8am-6pm Holiday Program	<i>Monthly Contracted</i>	\$100	\$180	\$270
	<i>Non-Contracted</i>	\$110	\$190	\$280

IMPORTANT FEES

<i>Registration Fee for New Families</i>		
\$100		
<i>Drop-in Deposit</i>	<i>Schedule Change Fee</i>	
\$100 per child	\$200	
<i>Tracking Fee</i>	<i>Late Pick Up Fee</i>	<i>Late Payment Fee</i>
\$10	\$1 a minute \$15 until 6:30pm with notification	10% after the 5th

Monthly tuition is due by the 5th of each month. Credit Card payment available **3% fee applies to all transactions**
 All contracts are binding for the current School Year. No refunds or credits can be made for any absent or missed days.



Emergency Information

All parts **MUST** be completed

Child's Name: _____ M__ F__ Age _____

Address _____

Mother's Name _____ Home # _____

Employer & Address _____

Work# _____ Mobile# _____ Mobile# carrier _____

Father's Name _____ Home # _____

Employer & Address _____

Work# _____ Mobile# _____ Mobile# carrier _____

*Emergency Contacts who can pick up and care for your child in case of emergency or lateness.
Emergency Contacts **MUST** be local, able to pick up within 1 hr.*

Contact 1 - _____ Relationship _____

Address _____ Phone # _____

Contact 2 - _____ Relationship _____

Address _____ Phone # _____

Physician's Name _____

Address _____ Phone # _____

*In case of accident or serious illness, **KEEPS** will contact parents/guardians. If **KEEPS** is unable to reach parents/guardians, **KEEPS** is authorized to call the Physician indicated above and follow his/her instructions. If it is impossible to contact this physician, **KEEPS** may take all necessary steps to ensure my child's health and well-being.*

Signature of Parent or Guardian

Date

***Other information: allergies, medications, special needs, etc. Please List:**

Permission is granted to **KEEPS Inc** to take my child(ren) on local trips (i.e. playground)

Signature of Parent or Guardian

Date

Permission is given to have my child appear in media coverage approved by **KEEPS Inc.**

Signature of Parent or Guardian

Date



After School Child Care

Pre-Attendance Information Survey

Child's Name _____ Age _____

Nickname (if applicable) _____

Family's Primary Language _____ Child's Primary Language _____

What activities does your child enjoy? _____

How would you describe your child's personality? _____

What do you think are your child's best qualities? _____

How does your child react and adjust to new situations and new people? _____

Please describe your child's strong dislikes or fears (if applicable). _____

What else would you like us to know about your child? _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD, AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a childcare program, employees, volunteers, parents, children, and essential visitors must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child, and essential visitor must sign and submit this form to the program one time. Employees, volunteers, parents, children, and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the childcare program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children, and essential visitors are required to answer daily. If any of the answers to the below questions are "Yes," individuals cannot enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children, and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing ANY of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature	/ /
Signature	/ /

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The childcare program must retain a copy for their records.