

June 1, 2021

Dear Parents,

Well, the last 15 months have been something for the books. We are extremely excited to begin registering families for the 2021/2022 school year. We are pleased to announce that our new center will be at the **Stephen Johnston Pavilion at Harbor Island Park!!!** We have dedicated space as well as unlimited access to outdoor space!!! We are proud to enter into this partnership with the Village of Mamaroneck as well as the fantastic Recreation Dept. With our new spot in the heart of Mamaroneck, we have many opportunities that we were unable to do before. Families can take advantage of the sports leagues that run in Harbor Island. Kids will be able to go to practices without parents arranging for separate pick up! Anne and I have been developing some new exciting curriculum. We are looking forward to welcoming back some kids we know and new children into our family!

While this transition is happening, I am available by email only. Please feel free to contact me with any questions you may have.

Warmest regards,  
Noreen

### 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](mailto:info@keepsafterschool.org)  
[www.keepsafterschool.org](http://www.keepsafterschool.org)  
NYS Registered



# Registration Contract 2021-2022 School Year

1. Child's Name \_\_\_\_\_ M\_\_ F\_\_ Birth Date \_\_\_\_\_  
School \_\_\_\_\_ Grade Sept 2021 \_\_\_\_\_

2. Child's Name \_\_\_\_\_ M\_\_ F\_\_ Birth Date \_\_\_\_\_  
School \_\_\_\_\_ Grade Sept 2021 \_\_\_\_\_

3. Child's Name \_\_\_\_\_ M\_\_ F\_\_ Birth Date \_\_\_\_\_  
School \_\_\_\_\_ Grade Sept 2021 \_\_\_\_\_

**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.**

## Tuition Rates 2021-2022

Program	Days per Week	Number of Children		
		1	2	3
A 3-6pm	1	\$225	\$380	\$540
	2	\$395	\$670	\$950
	3	\$510	\$865	\$1225
	4	\$615	\$1045	\$1475
	5	\$695	\$1180	\$1650
B 3-6 <sup>30</sup> pm	1	\$260	\$440	\$630
	2	\$460	\$780	\$1105
	3	\$595	\$1010	\$1425
	4	\$715	\$1220	\$1720
	5	\$800	\$1370	\$1920
C Half Days		\$55	\$100	\$150
D Drop-in Only		\$60 <b>24hr Notice Required Space Not Guaranteed</b>		
E 8am-6pm Holiday Program <b>Lunch Included</b>	Monthly Contracted	\$125	\$200	\$290
	Non-Contracted	\$140	\$240	\$340

### IMPORTANT FEES

<b>Registration Fee for New Families</b> <span style="color: red; font-weight: bold;">\$125</span>		
<i>Drop-in Deposit</i> <span style="color: red; font-weight: bold;">\$150 per child</span>	<i>Schedule Change Fee</i> <span style="color: red; font-weight: bold;">\$200</span>	
<i>Tracking Fee</i> <span style="color: red; font-weight: bold;">\$10</span>	<i>Late Pick Up Fee</i> <span style="color: red; font-weight: bold;">\$1 a minute</span> <span style="color: red; font-weight: bold;">\$15 until 6:30pm with notification</span>	<i>Late Payment Fee</i> <span style="color: red; font-weight: bold;">10% after the 5<sup>th</sup></span>

Monthly tuition is due by the 5<sup>th</sup> 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



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**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.