



2022-23 PARENT CONTRACT



I, _____, have read the Almost Home and Almost Home + (“AH/AH+”) Parent Handbook.

With regard to payments, I understand and agree that:

- My annual fees for AH/AH+ are based on a school year, beginning the first day of school and accounting for holidays and other school closings, and do not include JCC membership fees.
- My annual fees for AH/AH+ will be divided into 10 equal installments; the first installment was due upon registration and the remaining 9 installments will be deducted from my credit/dedit card or bank account on the first of each month beginning September 1, 2022 and through May 1, 2023.
- A \$25 processing fee may be assessed in all instances of declined payments.

With regard to enrollment, I understand and agree that:

- Policies and fees apply to each child I have enrolled in AH/AH+
- I may terminate my child’s enrollment in AH / AH+ by communicating with the JCC in writing (e.g., email to AlmostHome@shamesjcc.org) at least 10 business days in advance of my child’s anticipated last day.
- No reduction in fees will be given for absences.
- If my child is asked to leave the program for any reason, a pro-rated refund will be issued.

With regard to communication, I understand and agree that:

- If my child will not be attending AH/AH+ as scheduled, or will have a change in arrival time, I am responsible to notify AH / AH+ by 2 PM (AlmostHome@shamesjcc.org or 914.366.7898 x1168).
- If someone other than those previously authorized will pick-up my child, I am responsible to notify the JCC (with my handwritten signature) and to instruct the designated person they must provide photo identification.
- I will collaborate with AH / AH+ staff to maximize my child’s success in the program. This includes conversing with staff about my child’s needs, growth, behavior, etc. Also, I will assist staff by supporting my child’s efforts to reach goals and by reinforcing limits placed on behavior during program hours. I will look for information regarding closings and special events and will provide staff with any new phone numbers, e-mail addresses, or other contact information in the event they change during the year.

By signing this form, I understand and agree to the above statements.

Parent/Guardian Signature: _____ Date: _____



STUDENT CONDUCT



I agree to communicate with my words, not my hands; to listen to the words of others and not to use my words to hurt others. I will do my best to make choices about my actions that keep me and those around me safe. I will follow staff directions and instructions and respect the property of others.

If there is an activity I don't want to participate in, I will not spoil it for others but will find another way to fill my time without disrupting the activity. If I cannot find something to do on my own, I will ask the staff members for help.

I will try to be a positive role model for others; to be helpful, thoughtful and cooperative. I will contribute my ideas and suggestions in a constructive and polite way and help the staff to understand the kinds of things I like to do.

I understand that if I disrupt the work of others, knowingly destroy the property of others or the equipment at the JCC, or use inappropriate language, I will lose privileges including, but not limited to, use of technology, vending machines, playground and blacktop time. If I use my words or hands to hurt others I understand that the consequences may include suspension or expulsion from Almost Home.

If using computer technology during Almost Home I agree to practice safe computing and understand that I may be suspended from using technology during program if I do not. I will ask questions if I do not understand parameters of what is or is not safe computing during Almost Home.

By signing this form, we agree to the above statements.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



AT-A-GLANCE



Child's Name: _____

Date of Birth: _____

Address: _____

School and Grade as of Sept. 2022: _____

FAMILY INFORMATION

Parent / Guardian 1: _____

Parent / Guardian 2: _____

Date of Birth _____

Date of Birth _____

Address (if different from participant):

Address (if different from participant):

Email Address: _____

Email Address: _____

Preferred Phone: _____

Preferred Phone: _____

Second Phone: _____

Second Phone: _____

Employer: _____

Employer: _____

Parents are: Married Single Separated Divorced

Custodial Parent is: Parent 1 Parent 2 Other (specify): _____

Best phone number to call if we need to reach a family member during AH hours: _____

EMERGENCY INFORMATION

- In case of emergency, I give authority to the JCC staff to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible. *(Required)*

Parent/Guardian Signature: _____ Date: _____

- In addition to any regularly authorized pick-up contacts, *in an emergency*, the following people are authorized to pick up my child when I send word or cannot be reached to collect my child myself. *(Required)*

Parent/Guardian Signature: _____ Date: _____

Emergency Contact 1: _____	Emergency Contact 2: _____
Relationship to Child _____	Relationship to Child _____
Preferred Phone: _____	Preferred Phone: _____
Second Phone: _____	Second Phone: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___
 Attach lead level statement
Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
 2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics

Comments

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

Yes No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

()
Phone

Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.