

Welcome to Bright Days Before and After School School-Aged Childcare – Licensed through the NY State OCFS

Last updated 7/21/2018 HP

Central PHONE : 845 - 698 - 0117
Main Office EMAIL : brightdayscamp@gmail.com

Mailing Address :
 Bright Days PO Box 378,
 Hyde Park NY 12538

Website/Calendar www.BrightDaysSummerCampHydePark.com



SITE LOCATIONS

Hyde Park Elementary School – Mon-Fri 6:30 am before care. After care fee is thru 5:45 PM, later fees apply. Open half day early releases & morning winter delays

Sheafe Rd Elementary School - Mon-Fri 7 am before care, aftercare til 6 PM

Oak Grove Elementary School – Mon-Fri 7 am before care, aftercare bus to Sheafe

Vassar Elementary School – Mon – Fri 7 am before care, aftercare til 6 PM

Welcome to Bright Days Before and After School Care program. Cleared, trained and fingerprinted STAFF understand that childcare is one of the most important decisions and we're glad that you have chosen Bright Days to meet your childcare needs.

How do I handle transportation ?	Fill out the School District Form requesting bussing to alternate daycare location – turn into your districts transportation office. Send written notes into child’s teacher and main office of school when requesting any bussing / transportation plans, changes. Transportation: 845-229-4070 – office beside Ralph R. Smith
What do we offer in the program?	Homework assistance/guidance, snacks, arts and crafts, age appropriate youth athletics, outdoor play, nature exploration, local field trips during full & /1/2 day camps
Payment and Enrollment requirements?	Families fill out our monthly sign up calendars and pay with ease “forms”. Electronic billing & payments are processed using either a debit or credit card bi-weekly, based on usage. The minimum weekly attendance requirements are 1 shift per week in order to keep a child current and actively enrolled. Please initial here that you understand the program is “per usage”, non contractual childcare with min wkly req. Invoice will default to least of program fee to meet this if no attendance. Initial _____
Registration fee beginning June 1st is \$40 per family.	Date _____

- Bright Days offers programming for school-aged children that need 2 to 5 days per week. This is the required minimum attendance in order to maintain active registration.
- Children registered are required to have a medical history, up to date immunization records and physical forms provided to the before and after school program.
- The program **WILL OPERATE on morning snow DELAYS, full day closings to children who attend part time or full time only. This includes:** early release days (scheduled and emergency) a portion of holidays, winter and spring break.
- Bright Days **will be open** if schools make a decision to dismiss early.
- Bright Days can provide supervision of students whose personal needs are greater than regulated staffing ratios allows. Additional Supervision can be provided for an additional cost of \$12/hour in addition to regular BC AC fees.
- Bright Days asks parents/guardians **to contact HP transportation** regarding pick up and drop off of your child(ren) w/ required transportation forms & and to send written notices in to child’s school. Please use our physical address of 4327 Albany Post Rd, HPE building.

PARENT / LEGAL GUARDIAN INFORMATION

MOTHER FIRST NAME		LAST NAME	
MOBILE #	HOME #	WORK #	
EMAIL			
FATHER FIRST NAME		LAST NAME	
MOBILE #	HOME #	WORK #	
EMAIL			

A. Child Information (2nd packet provided for additional children per family)

1. Children's Name _____ Age _____ Grade 2017/2018 _____
 School _____ DOB _____
 Primary Home Address _____

2. Children's Name _____ Age _____ Grade 2017/2018 _____
 School _____ DOB _____
 Primary Home Address _____

3. Children's Name _____ Age _____ Grade 2017/2018 _____
 School _____ DOB _____
 Primary Home Address _____

B. Authorized Pick Up: If the person who is authorized to pick your child up is not a parent/guardian we will ask for a photo id before releasing your child

1. Name _____ Phone _____
 Relationship to child _____

2. Name _____ Phone _____
 Relationship to child _____

3. Name _____ Phone _____
 Relationship to child _____

C. Although medical situations are rare, we need to be prepared for any and every possible contingency

In the event of serious illness or injury, I authorize Bright Days Program Staff to obtain necessary emergency medical treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

Parent Signature _____ Date _____

Illness Policy For Children who attend Bright Days Programs

If a child has a cough, runny nose, common cold symptoms, they will not be excluded from their group and activity. Staff will ensure the child is comfortable. If a child is suffering from a fever of 100 or higher, we will exclude the child comfortably in the main office and call home to request that the child be **picked up by an authorized person** with rest and recovering before returning. The **following symptoms listed below will require a child be excluded** in order to not spread infection or communicable illness/disease. We cannot accept a child back to the program unless **fever, diarrhea and vomit FREE for 24 hours along w/ a doctors note confirming treatment and recovery. We must have a doctor's note stating treatment has started and completed.** Our Illness policy supports the risk factors associated with communicable disease prevention and a child's medical care, rest and recovery.

Temperature of 100° F - Diarrhea, Vomit - Pink Eye (Conjunctivitis) - Measles, Mumps
Head Lice, Whooping Cough - Rash w/ fever, Step Throat - Chicken Pox

Parent Signature _____ Date _____

Child's Primary Pediatric Physician _____

Phone _____ Address _____

**If guardian cannot be reached in the event of an emergency, list contact numbers to be used:
The program requires 3 contacts.**

#1 Name: _____ Relationship to Child _____

Home # _____ Cell # _____

#2 Name: _____ Relationship to Child _____

Home # _____ Cell # _____

#3 Name: _____ Relationship to Child _____

Home # _____ Cell # _____

Medical History - A separate form must be completed for each child

Child's Name _____

1. Are there any current conditions or limitations that the staff should be aware of? If yes, why?

2. Is your child on any medication? Y or N. If yes, what is the name of the medication(s)

3. Are there any allergies that require inhalers, epi pens, medications?

Note: ANY CHILD ATTENDING THE PROGRAM WITH EPI PENS OR INHALERS MUST HAVE PRE-APPROVED PERSONAL HEALTH CARE PLAN

Please note we are not authorized to administer any medications. The exceptions are epi-pens and inhalers with a pre-approved personal health plan. Fill out health care plan on last page.

4. Does your child wear any appliances? (Glasses braces, etc.)_____

5. Is your child subject to any of the following? (check all that apply)

- | | | |
|--------------------|-------------------|----------------------------|
| ___fainting spells | ___headaches | ___tonsillitis |
| ___eczema | ___stomach upset | ___wetting |
| ___abdominal pains | ___hay fever | ___convulsions |
| ___diabetes | ___sinus trouble | ___frequent sore throat |
| ___asthma | ___bronchitis | ___ear infections |
| ___constipation | ___mood disorders | ___other, please list_____ |

6. Does your child suffer from:

- | | | |
|------------------|--------------------|------------------------------------|
| ___lung problems | ___kidney problems | ___heart problems |
| ___hernia | ___epilepsy | ___allergic reaction to bee stings |

7. Can we administer over the counter topical ointment on your child if necessary (Neosporin) ?

Y or N

8. Can we apply insect repellent and sunscreen? Y or N

Parents/Guardians: If your child is not able to have generic brands, please provide them with a specific kind that is well labeled with your child's name.

Bright Days Before and After School Program
 Plus Summer Camp
 4327 Albany Post Rd, Hyde Park, NY 12538 office: 845-698-0117
 Mailing Address: PO Box 378 Hyde Park, NY 12538

First Aid Kit - Child Information Summary – Page 1

We keep this form in the first aid kit, which has a summary of all your child's important information. We strongly recommend including a photo in the top left hand corner.

PHOTO OF CHILD (Optional)	NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES			
	DAY CARE REGISTRATION			
	Child's Full Name:			
	Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your child allergic to?			
Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.				
Child's Source of Medical Care/Primary Care Physician's Name:			Telephone Number:	
Child's Source of Dental Care/Dentist's Name:			Telephone Number:	
Name Of Medical Care Facility/Hospital:			Telephone Number:	
Would you like information on Child Health Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

Bright Days Before and After School Programming REGISTRATION

4327 Albany Post Rd, Hyde Park, NY 12538 office: 845-698-0117

First Aid Kit - Child Information Summary - Page 2

Provider/Day Care Facility Name and Address: Bright Days Before and After School Program Location: Hyde Park Elementary School. Rm 2, 3 and 19, North facing rear atrium. 4327 Albany Post Rd.	CHILD'S FULL NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	CHILD'S HOME ADDRESS:			DATE OF BIRTH:	
				HOME TELEPHONE NUMBER:	
	DATE OF ACCEPTANCE:				
	NAME OF PERSON APPLYING FOR CHILD:		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other		HOME TELEPHONE NUMBER:
					DAYTIME TELEPHONE NUMBER:
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):				
	AGREEMENTS I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.				
	I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No				
	In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No				
I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No					
I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No					
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE				DATE:	

Enrollment and Payment: The prices & times below are subject to updates & changes every 6 mos

At Bright Days we strive to put safety and supervision first. We offer non-contractual school-aged childcare. Families are billed bi-weekly for childcare services and must pay either with with Debit/Credit Card. Registration fees: A one-time non-refundable \$40 fee per family due each academic school year.

BEFORE-SCHOOL PROGRAM : Early staff arrive and **WE OPEN AT 6:30 AM. EARLY BIRDIES** arrive within 6:30 am and 7 am. See specific price structure below. BD staff are transporting children onto busses at designated times from the rear of the bldg to the front of the bldg each day. Guidelines to ensure safety must be followed and supported. Location / Drop off policy: child must be brought inside to the rear of the building, glass atrium entrance, followed by signing into the parent sign in booklet. Bus pick up location: HPE front circle drive.

- o Please CIRCLE days along w/ filling in calendar : **Mon Tues Wed Thurs Fri**

RATES: MORNING BEFORE SCHOOL PROGRAM FEE STRUCTURE – BILLED PER USAGE 2018

Hours 6:30 am until 9:25 am : Early Birdies are within 6:30 am and 7:00 am drop off	
1 CHILD	\$7.95 BASE RATE 7:30 AM UNTIL BUS
ADD ON FEES	+ \$ 2 when drop off is within 7 & 7:30 am
	+ \$ 3 for UPK with a start time of 9:25 am
	+ \$ 3 EARLY BIRDIES drop off before 7:00 am
2 nd CHILD	\$6.00 additional + \$2 when drop off is within 7 am and 7:30 am + \$3 when drop off is prior to 7 am
3 rd CHILD	\$5.00 additional + \$2 when drop off is within 7 am and 7:30 am + \$3 when drop off is prior to 7 am

Inclement weather morning delays : Additional \$10 for 1st child, \$8 2nd child & thereafter in addition to regular BC fees, which include base rate and add on fees.

AFTERNOON AFTERSCHOOL PROGRAM FEE STRUCTURE – BILLED PER USAGE 2018:

Please CIRCLE days along w/ filling in calendar : **Mon Tues Wed Thurs Fri**

RATES: After School Care Program

	Aftercare Rate as of 1/1/2018
1 child	\$15
2 nd child	\$9
3 rd child	\$9

Parents/Guardians pick up by 5:45 PM, \$1 additional fee b/w times 5:45 PM and 6 PM. After 6 PM we are still OPEN, however the charge is \$5 per child within each 15 min.

Time: 3 PM bus arrivals begin. **Middle School students grades 6th – 8th** \$10 for afterschool.

Bright Days offers NON CONTRACTUAL SCHOOL-AGED CHILDCARE with minimum weekly attendance requirements. Emergency Early Release Days & School's Out Rates:

- ½ day rates \$40 first, \$30 for 2nd child and \$25 for 3rd child
- Full Day rates \$50 first child, \$40 2nd child, \$35 3rd child

- Please send lunch on regularly scheduled FULL DAY Youth Camp when schools are closed.
- Pizza lunch **PROVIDED on ½ day** early releases, emergency early releases or when a delay has been converted into a full day closing. See our printed calendar and our online calendar for operational dates. If delay changes to Full Day, fees convert from before care to full day rates.

The price structure for BEFORE & AFTER SCHOOL programming for registered families is granted **PER USAGE**, which invoices each family bi-weekly. Families MUST pay via Pay with Ease credit card thru secure JP Morgan Virtual Terminal. Checks are accepted but not preferred.

PAY WITH EASE FORM - PLEASE FILL OUT AND RETURN DIRECTLY TO YOUR SITE STAFF

Section A Payment Policy : Bright Days strives to meet the needs of families. Worry and Hassel Free auto charge service allows your account to be paid on time, kept current. **Each issued childcare invoice overdue past 15 days due to non payment or inactive credit/debit card will be adjusted after 15 days to include a 6% interest fee. That balance will again accrue an additional 6% every 15 days. The child's registration spot will be deactivated and forfeited to another family needing childcare.**

All fees will be invoiced twice a month for usage, and payment processing occurs twice a month based on usage. Payments are matched to open invoices following billing.

NOTE: Bright Days only charges per usage per child. Strict confidentiality of this information will be maintained and kept in family file at our Central Office.

I, _____, hereby authorize Bright Days to automatically charge the account listed below after bi-weekly invoicing is issued. I understand that I must provide 30 day written notice to cancel this auto pay service and authorize that a final auto payment be charged in order to bring my account current within 30 days of cancelation notice. I understand and agree to the payment policy listed above in Section A.

Signature _____ Date _____

PRIMARY CARD PAYMENT INFORMATION : WE ACCEPT VISA, MASTERCARE, DISCOVER

Account Card Holder's Name _____

Account # as seen on card _____

Expiration Date _____ 3 digit CV # Code _____ Billing Zip Code _____

Special note or instructions _____

We REQUIRE SECONDARY CARD PAYMENT INFORMATION DUE TO ANY PROCESSING ERRORS

Account Card Holder's Name _____

Account # as seen on card _____

Expiration Date _____ 3 digit CV # Code _____ Billing Zip Code _____

Signature _____

Parents / Caregivers, please complete the following information :

Child's first last name _____ School _____

Parent's EMAIL address _____

Parent's BILLING address ASSOCIATED W/ PRIMARY CARD _____

BILLING PHONE ASSOC W/ PRIMARY CARD _____

REGISTRANT CHILDREN'S CODE OF CONDUCT POLICY

- STAFF will always place safety first, which will mean regular buddy checks, safety drills and procedures to ensure child safety. Safety procedures are to be treated with utmost importance & we relay instructions to children and need support and cooperation. STAFF ask all parents to go over this code of conduct with enrolled children. We place high importance on all students treating others in a positive, respectful way.
- Be respectful, honest and kind. Use positive language, be gracious competitors and show good sports etiquette and share.
- Be considerate to others and to the environment by cleaning up after yourselves.
- Follow staff directions, instructions and guidelines and please ask if you don't know!
- No violence, throwing things, rough housing or demeaning language. No outside items that pose a threat/danger.
- Always engage a staff member / group leader to settle an issue or conflict between students. Don't take matters into your own hands. **NO GUM IS ALLOWED IN THE PROGRAM, NO OUTSIDE TECHNOLOGY DEVICES ARE ALLOWED IN THE PROGRAM**

PARENT / GUARDIAN SIGNATURE _____ DATE _____

CONSEQUENCES OF NOT FOLLOWING CODE OF CONDUCT

- The Director will determine disciplinary action after staff reports any behavioral incidents. Consequences may include 1) a gentle reminder / verbal warning 2) time to sit aside from group activity followed by a note home 3) call parent/guardian and request pick up or 4) child will be removed from the program with no refund.
- Bright Days reserves the right to immediately dismiss any child from the program for extremely disruptive behavior, for behavior placing a student/staff safety in jeopardy or any violence. Examples included but are not limited to: 1) intentionally hurting another child 2) stealing 3) refusing to comply with a safety directive 4) violence.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

BRIGHT DAYS PROGRAM RULES AND REGULATIONS FOR CHILDREN AND FAMILIES

- All parents/guardians must follow proper sign in and sign out procedures. We cannot overstate how important this is. If child(ren) are leaving with an approved person but someone other than their parent/guardian, photo identification must be presented. **Children cannot attend program if they have a fever or contagious illness.** Parents will be notified, and children must be picked up in the event of illness.
- Shelter In Place Locations : Regina Coeli Church/Rectory, Hyde Park Library Rt 9. **Bright Days conducts monthly fire drills, shelter in place drills, lock down drills and the daily transport of groups of children from the rear of the building to the front of the building to and from the bus.** Strict guidelines to ensure these operations are done efficiently and safely are our main focus & are communicated with the children in the program and expected to be supported and followed. Appropriate attire must be worn at all times. Please label all children’s items. Healthy snacks will be provided daily during AFTERCARE. No GUM!
- Bright Days offers computers to support math and literacy practice and homework support.
- Full day youth and ½ day youth camps require a permission form be filled out and signed for local field trips! See office for details.

Parent Signature : _____ Date _____

TECH FREE, ELECTRONIC DEVICE FREE ZONE

To support social media safety BD does NOT allow outside technology into the program. Leave devices home please. Before and After School Extended Day Childcare students are NOT allowed to bring in mobile electronic devices and handheld game devices. Bright Days is not responsible for any lost, stolen, or damaged devices. Parents/guardians must understand these devices are the responsibility of their student, if they are brought into the school for any reason.

PARENT / GUARDIAN SIGNATURE _____ DATE _____