

Space is Limited



2009-2010

Registration Packet

BASCOL Inc.

4610 Wetzel Road

Liverpool, New York 13090

(315) 622-4815

Fax: (315) 622-4885

www.bascol.org

OUR MISSION

The program is designed to provide a fun filled, unique and exciting before and after school experience while meeting each child's physical, social, emotional, and intellectual needs in a nurturing, caring environment.

Our staff devotion and professionalism promote a family atmosphere that emphasizes respect, cooperation, and understanding for each other.

Before and After School Child Care on Location, Inc. is designed to provide quality, exciting, supervised care for all* children in grades K through 6th regardless of race, creed, nationality or sex.

First Day of School

Liverpool District—Tuesday, September 8, 2009

Westhill District—Wednesday, September 9, 2009

West Genesee District—Tuesday, September 8, 2009

Onondaga Central District—Tuesday, September 8, 2009

Most Holy Rosary—Wednesday, September 9, 2009

*OCFS Regulations Apply

BASCOL 2009-2010 FALL REGISTRATION PACKET

1st CHILD

CHILD'S NAME _____ **Nickname (if any)** _____

Birth date _____ Age _____ Gender: M or F

Home School _____ Child's Grade as of 9/09: _____ Classroom Teacher _____

If at Stonehedge Elementary Site please circle team: Gold Blue

Schedule—Circle one: AM PM BOTH or SHO PLUS

Days—Circle all that apply: M T W H F

Start Date: ____/____/____

In order to provide your child with the best services possible please let us know, along with a brief description, if your child has any of the following conditions:

- _____ Has No Special Conditions
- _____ Asthma* _____
- _____ Allergies* _____
- _____ Diabetes _____
- _____ Special Diet _____
- _____ Epilepsy or Seizures _____
- _____ Regular Medications _____
- _____ Allergic to Medications _____
- _____ Other _____
- _____ Receives specific services at school (IEP) or behavior plan. Please explain in detail:

*No medication needed while at BASCOL. I understand that in the event of an emergency 911 will be contacted.

Parent Signature

2nd CHILD

CHILD'S NAME _____ **Nickname (if any)** _____

Birth date _____ Age _____ Gender: M or F

Home School _____ Child's Grade as of 9/09: _____ Classroom Teacher _____

If at Stonehedge Elementary Site please circle team: Gold Blue

Schedule—Circle one: AM PM BOTH or SHO PLUS

Days—Circle all that apply: M T W H F

Start Date: ____/____/____

In order to provide your child with the best services possible please let us know, along with a brief description, if your child has any of the following conditions:

- _____ Has No Special Conditions
- _____ Asthma* _____
- _____ Allergies* _____
- _____ Diabetes _____
- _____ Special Diet _____
- _____ Epilepsy or Seizures _____
- _____ Regular Medications _____
- _____ Allergic to Medications _____
- _____ Other _____
- _____ Receives specific services at school (IEP) or behavior plan. Please explain in detail:

*No medication needed while at BASCOL. I understand that in the event of an emergency 911 will be contacted.

Parent Signature

BASCOL FALL 2009-2010 REQUIRED EMERGENCY INFORMATION

Home School

Password

Full Day Site

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	Child's Full Name	Grade	Allergies, Special Information, etc.	Date of Birth
Gender <input type="checkbox"/> M <input type="checkbox"/> F	1st Child		*No Medication needed while at BASCOL Initial _____	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	2nd Child		*No Medication needed while at BASCOL Initial _____	
Please Check Where Child Resides	Please list primary emergency contact first.			Telephone
Parent Mother/Father/Guardian Circle One	Name	Address		(H) _____
	Employer	Occupation		(W) _____ (C) _____
Parent Mother/Father/Guardian Circle One	Name	Address		(H) _____
	Employer	Occupation		(W) _____ (C) _____
Emergency Contact/ Additional Release Persons ** (Other than Parents)	Name	Address		(H) _____
	Relationship to child			(W) _____
	Name	Address		(C) _____
Emergency Contact/ Additional Release Persons ** (Other than Parents)	Name	Address		(H) _____
	Relationship to child			(W) _____ (C) _____
Physician				

* I understand that in the event of an emergency 911 will be contacted.
**** Note: Contact person needs to be available to be reached by phone during program hours. (Two are required) MUST BE 18 YEARS OLD TO PICK UP CHILD.**

ADDITIONAL AUTHORIZED RELEASE PERSONS (IF NEEDED)				
Name	Relationship	Home	Work	Cell

ADDITIONAL "SPECIAL INFORMATION" (IF NEEDED)

I agree that in the case of accident or injury emergency medical care may be given in the event I or the person(s) designated above cannot be reached.

Insurance Company	ID or Contract Number

Topical Over-the-Counter Medication Parent Permission

Name of Topical Medication	Directions For Administration	Valid Dates For Administration
Sunscreen and/or Bug Repellent (from home)	Per Product Labels	9/1/09-02/28/10 & 3/1/10-6/26/10
Hydrogen Peroxide, Antibacterial Towelettes and/or Waterless Soap (from site)	Per Product Labels	9/1/09-02/28/10 & 3/1/10-6/26/10

** _____

Parent/Guardian Signature
Date

**** This Signature applies to all emergency information.**

For Office Use Only No Verifications: _____

If your child needs medical, dental, health or hospital services, you as parent must give permission. It's the law.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your children might need when you are away from home. To do this, make sure baby-sitters know how to reach you at all times. And when you know you will

be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors - anyone who is over 18 years of age - to be responsible for your children when you are away from them. IT is especially important to prepare this form for the occasions when you it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children.

After you complete this form, give it to the adult(s) you have named to act on your behalf. If you child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person - physician, dentist or hospital representative.

authorization

for medical treatment of minors

NAMES OF MINORS	BIRTHDATES	IDENTIFY ALLERGIES OF SPECIAL CONDITIONS

I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

NAME BASCOL	ADDRESS 4610 Wetzel Road Liverpool, NY 13090	PHONE 622-4815
NAME	ADDRESS	PHONE

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from:

MONTH	DAY	YEAR 2009	through	MONTH	DAY	YEAR 2010
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This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN		PARENT GUARDIAN	
SIGNATURE		SIGNATURE	
ADDRESS	DATE	ADDRESS	DATE
WITNESS		WITNESS	
SIGNATURE		SIGNATURE	
ADDRESS 4610 Wetzel Road. Liverpool, NY 13090	DATE	ADDRESS	DATE

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR(S):

INSURANCE COMPANY OR GOVERNMENT PROGRAM	I.D. OR CONTRACT NUMBER
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FAMILY PHYSICIANS:

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER
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FALL 2009-2010 BASCOL VERIFICATION FORM

Having enrolled my child/ren _____

Names of child(ren)

In BASCOL, I verify, understand and give permission for the following:

(Please Initial Appropriate Boxes)

1. I have received a 2009-2010 Parent Handbook describing program hours, policies, program fees and parent responsibilities and agree to abide by them. I am responsible for its contents. If I am unclear on any material enclosed, it is my responsibility to contact the BASCOL office at 622-4815 for clarification.
2. I consent to the enrollment of the child/ren listed above in BASCOL, Inc., and I have been advised of the policies regarding fees, transportation, and services provided by BASCOL, Inc. and the New York State Department of Social Services regulations under which it operates.
3. I understand for each medication my child needs to receive while at BASCOL, the parent and physician **MUST** complete the NYS approved Written Medical Consent Form. I also understand the Medication Consent forms are only valid for 6 months. In addition, Health Care Action Plans must be completed for Asthma, Allergies & other state required conditions. These are NYS regulations for childcare centers.
4. I understand that a child's parents/guardians are responsible for the cost of medical care related to any/all illness and injuries sustained while their child is in attendance at a BASCOL program. BASCOL carries a very limited accident insurance policy. This policy may be used (according to policy coverage/limits) for reimbursement of medical costs not covered by a parent's/guardian's medical insurance or if a child has no medical insurance.
5. I give permission to school officials and school personnel to release any and all information about my child/ren to BASCOL. I give permission to BASCOL to release any and all information about my child/ren to school officials and personnel.
6. I give the school nurse permission to release my child/ren's medical and immunizations records to BASCOL.
7. I will provide special information to BASCOL to assist BASCOL in caring for my child/ren (diet, habits, etc.)
8. I give the school officials and school personnel permission to keep my child/ren either before or after the school day, or take my child/ren from BASCOL site for school-related purposes. I consent to have BASCOL release my child/ren to school officials or school personnel whenever such school representatives request his/her release from BASCOL. I understand and agree that BASCOL has no responsibility for my child/ren when he/she is released to school representatives. This consent shall remain in effect until revoked by me in writing to BASCOL's Executive Director. **I will inform the Site Director, in writing, of my child's extra-curricular activities.**
9. I understand and agree that I am obligated for payment of my weekly contracted rate regardless of attendance. This includes school holidays and vacations.
10. I understand that for scheduled school days off (full and half days) it is my responsibility to **COMPLETELY** fill out the **brightly colored sign up sheets** (these will be located near the sign in and sign out binder.) I understand that I will be committed to pay the additional charge if I indicate YES, and deadline has past. If I indicate NO that I do not need care on these scheduled days off or I fail to sign up by the deadline I understand that my child may not be able to participate in the program those days depending upon staffing. **I understand there will be a \$10.00 late sign up fee per child.**
11. I give consent for my child/ren to take part in field trips or excursions away from BASCOL, understanding that advance notice will be given. I understand that my child will be transported by either School Buses, or other qualified bus companies hired by BASCOL.
12. I give permission for my child/ren to have or use hydrogen peroxide, antibacterial towelettes and waterless soap as needed following the directions on the label of the product if indicated.

-OR-

- I do not give permission for my child/ren to have or use hydrogen peroxide, antibacterial towelettes and waterless soap.
13. I understand that there may be occasions when my child/ren is photographed or videotaped while attending BASCOL. I hereby permit my child/ren to be photographed and or videotaped while in attendance at BASCOL. I acknowledge that any photographs or videotapes are the property of BASCOL and for use of BASCOL and/or the photographer or videographer.

-OR-

- I **DO NOT** give permission for my child/ren to be photographed and/or videotaped.
14. I am interested in becoming a BASCOL board member.
15. How did you hear about us?
 Newspaper School Previously Attended and Where _____ Other _____

PARENT SIGNATURE _____ DATE _____

FALL 2009-2010
BASCOL FEE AND SERVICE CONTRACT

Copy Forwarded

Child/ren Names _____

Fees Due at Time of Registration	
Registration Fee	\$30.00 Regular Enrollment (Non-Refundable) _____
	\$35.00 SHO+ Enrollment (Non-Refundable) _____
	First Week Deposit _____
	Last Week Deposit _____
	Additional Deposit (optional) _____
	TOTAL Due at Registration _____
Date Paid _____	Credit Card/Check/Cash Receipt Number _____

Please review the following and check the program box for which you are contracting (2 day minimum). Any change in your scheduling needs will require a 2 week advance written notice. (Please see your Site Director for a Change of Enrollment Form), BASCOL will automatically charge your account for 2 weeks if less than 2 weeks notice is given. Any change in scheduled contracted hours are subject to staffing availability.

Start Date: ____/____/____ **End Date:** ____/____/____

<input type="checkbox"/>	BEFORE AND AFTER SCHOOL CARE WEEKLY CONTRACT
	I require A.M. and P.M. care on (please circle):
	Monday Tuesday Wednesday Thursday Friday
<input type="checkbox"/>	BEFORE SCHOOL CARE WEEKLY CONTRACT
	I require A.M. care on (please circle):
	Monday Tuesday Wednesday Thursday Friday
<input type="checkbox"/>	AFTER SCHOOL CARE WEEKLY CONTRACT
	I require P.M. care on (please circle):
	Monday Tuesday Wednesday Thursday Friday
<input type="checkbox"/>	SHO (School Holidays Only) PLUS
	I require care on school holidays only, plus an OCCASIONAL day.

The fee for the services selected will be \$_____ per WEEK. All payments are due one week prior to actual attendance. I understand that no portion of this fee will be refunded for days absent from the BASCOL program, including weeks and days during the school year when either school or BASCOL is closed. I agree to make all payments on time and will pay an additional \$10.00 late charge per week for any fee not paid in full by the Thursday of each week. I am also financially responsible for any additional attendance my child attends or I request. I understand that failure to pay tuition and fees in a timely fashion will result in termination of services. In the event that I fail to make payment, I will be responsible for any and all collection costs incurred by BASCOL, including attorney's fees, as detailed on page 15 of the parent handbook.

I understand that I will be charged a late pick up fee of \$15.00 per child for the first 5 minutes, an additional \$30.00 per child for the next 15 minutes and then an additional \$2.00 per minute per child after 6:20 PM.

BASCOL is under no obligation to provide non-contracted services, or to make additions upon this contract at any time. All persons signing this contract are both individually and jointly liable for all fees and charges.

Parent/Guardian Signature _____ SS# _____ Date _____

Persons Responsible for Payment Signature _____ SS# _____ Date _____
 (If different from above)

Fall 2009-2010 BASCOL Parent Orientation Checklist

Copy
Forwarded

On ____/____/____, I was advised of the following policies and procedures as described in the
(date)

BASCOL Parent Handbook. I have received the Parent Handbook and understand that I am responsible for its contents. If I am unclear on any BASCOL policies and procedures, it is my responsibility to contact the BASCOL office for clarification.

- _____ Confirm First Day BASCOL Attendance
- _____ Parent to notify school in writing of your child's BASCOL schedule
- _____ Communications (Child Mailbox Crate)
- _____ Parent Communication Log (ex: Anytime child won't attend normal time, has dance, art club, etc.)
- _____ Hours of Operation (p. 4)
- _____ Full Days and Half Days (p. 7-9) (Late Sign up fee—\$10.00); Please pack lunch for these days
- _____ Early Dismissals (p. 7-9)
- _____ Release of Children (p. 19) (Must be over 18 to pick up)
- _____ Medication Administration required paperwork (if applicable) (p. 21-23)
Please Note: All medications required at BASCOL Home Site are also required at the
BASCOL Full Day Site.
- _____ Required notification if any child received medication or treatments prior to
arrival at BASCOL
- _____ Absences (p. 20)
- _____ Change of Enrollment/Withdrawal (p. 5 & 6)
- _____ Behavior Expectations (p. 24-26)
- _____ Weekly Contracted Rate & Payment of Tuition (p. 13)
- _____ Late Tuition Payments—\$10.00 late payment fee (p. 14 & 15)
- _____ Late Pick-up—\$15.00 for the 1st 5 min, \$30 for next 15 min, \$2.00/min after 6:20 PM
(p.14 & 26)
- _____ Concern Procedure (p. 27)
- _____ New York State required pamphlets for parents—"Say No! Protecting Against Sexual Abuse".
- _____ Please notify BASCOL immediately of any change of information in writing

Site: _____

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

REMINDER:

This registration packet must be returned in person to the BASCOL
Administrative Office located at 4610 Wetzel Road fully completed before your
child will be officially registered and enrolled in BASCOL.