



Before and After School & Summer Child Care Programs

Sunshine and Good Times Summer Program

2021 Registration Packet—Central Square

Space is limited

DEADLINE

Tuesday, June 1, 2021

(to start on the first day of summer)



Before and After School Child Care on Location, Inc.

4610 Wetzel Road ♦ Liverpool, NY ♦ 13090

Phone: 315-622-4815 Fax: 315-622-4885

www.bascol.org



NEW THIS SUMMER!!



The Fun Never Stops!

Join us for a fun filled and exciting summer!

Themed Weeks * Onsite Field Trips * Guest Speakers * Arts & Crafts * Music * STEM * Physical Fitness * Nutrition
These opportunities along with social interactions, provide a chance for children to explore their own interests during a summer filled with individual choices and high-quality programming. We adhere to all CDC guidelines and protocols for Covid-19 safety.

Week 1: Welcome to Summer

Welcome summer with a variety of crafts, games, outside play and making new friends!

*****Challenge Island Tuesday*** Amusement Park Island Roller Coaster Cliff**

Week 2: Red, White & Blue

Patriotism comes alive this week with exciting activities to celebrate America's birthday!

Week 3: "FUN"-Gineers

A week of STEM with fun exciting science experiments, building, and creations!

*****Challenge Island Tuesday*** Cool Careers Island Mechanical Engineer Orange Grove**

Week 4: Tie Dye Explosion

A kaleidoscope of color comes alive this week!

Week 5: Giving Back

Working together we will complete special projects for the community we serve!

*****Challenge Island Tuesday*** Animal Island Pet Emergency**

Week 6: Wacky Water Fun

Splish splash and bubbles galore! This week will be filled with fun water activities!

Week 7: Painting With Kids

We will get creative with paint this week and explore using different mediums and paint techniques.

*****Challenge Island Tuesday*** Cool Careers Interior Design Studio**

Week 8: Backyard Fun

Butterflies, snakes, dirt and worms. Let's explore nature through the backyard!

Week 9: Imagination Creation

Let your imaginations come alive this week with a variety of engaging activities that promote creativity and mindfulness.

*****Challenge Island Tuesday*** World Tour Island Monkey Playground**

Week 10: BASCOL Spirit Days

Let's celebrate the end of summer with BASCOL spirit. Relay races, team challenges, and fun snack!

*Additional Guest Speakers Include: Cornell Cooperative Cooking Class, Humane CNY, Girls Scouts of America, Fire Department, NYS Trooper K-9 Unit, Rick's Polar Pops

*Subject to change

Submission of this form is not a guarantee of enrollment. Registration cannot be processed until all paperwork is complete & returned to the BASCOL Office. There is a minimum 5-10 business day processing period before your child may begin.

BASCOL SUMMER 2021 CHILD INFORMATION

1st CHILD

CHILD'S NAME: _____ Nickname (If any) _____
 Birth date: _____ Age: _____ Gender: M or F
 Child's Grade in September 2021: _____
 School: _____ Summer Site: Central Square—Millard Hawk Elem.

PLEASE CHECK WHICH WEEKS YOUR CHILD WILL BE ATTENDING & CIRCLE DAYS NEEDED

<p>WEEK 1 (6/28-7/2) Welcome to Summer</p> <p>M <input type="checkbox"/> T <input checked="" type="checkbox"/> W Th F</p> <p style="text-align: center;"><i>Challenge Island Tuesday</i></p>	<p>WEEK 2 (7/5-7/9) Red, White & Blue</p> <p>X T W Th F</p> <p style="text-align: center;">Closed Monday, 7/5 in honor of Independence Day</p>	<p>WEEK 3 (7/12-7/16) "FUN"-Gineers</p> <p>M <input type="checkbox"/> T <input checked="" type="checkbox"/> W Th F</p> <p style="text-align: center;"><i>Challenge Island Tuesday</i></p>	<p>WEEK 4 (7/19-7/23) Tie Dye Explosion</p> <p>M T W Th F</p>
<p>WEEK 5 (7/26-7/30) Giving Back</p> <p>M <input type="checkbox"/> T <input checked="" type="checkbox"/> W Th F</p> <p style="text-align: center;"><i>Challenge Island Tuesday</i></p>	<p>WEEK 6 (8/2-8/6) Wacky Water Fun</p> <p>M T W Th F</p>	<p>WEEK 7 (8/9-8/13) Painting With Kids</p> <p>M <input type="checkbox"/> T <input checked="" type="checkbox"/> W Th F</p> <p style="text-align: center;"><i>Challenge Island Tuesday</i></p>	<p>WEEK 8 (8/16-8/20) Backyard Fun</p> <p>M T W Th F</p>
<p>WEEK 9 (8/23-8/27) Imagination Creation</p> <p>M <input type="checkbox"/> T <input checked="" type="checkbox"/> W Th F</p> <p style="text-align: center;"><i>Challenge Island Tuesday</i></p>	<p>WEEK 10 (8/30-9/1) BASCOL Spirit Days</p> <p>M T W Th F</p> <p style="text-align: center;">Closed Thurs. 9/2 & Friday 9/3</p>	<p>*Part Time - Minimum of 2 days per week required.</p>	

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: (Please circle yes or no for each)

- Yes or No Asthma* _____
- Yes or No Allergies* _____
- Yes or No Special Diet/Food Sensitivities _____
- Yes or No Diabetes _____
- Yes or No Epilepsy or Seizures _____
- Yes or No Takes Regular Medication _____
- Yes or No Allergic to Medications _____
- Yes or No ADD/ADHD _____

*No medication needed while at BASCOL. I understand that in the event of an emergency 911 will be contacted. (Dr. note may be required)

Parent Signature

Yes or No Court/Custody Issues (if yes please attach a copy of court/custody papers)
 Court Orders must be provided to the BASCOL Office to legally prevent a parent from having access to and/or picking up a child

Yes or No Receives services at school (speech, OT, PT, etc.) has IEP, 504 plan, or behavior plan.
 Please explain and attach copy of plan. _____

Yes or No Will your child have therapy visits at BASCOL over the summer? If yes, parent consent form must be completed.

Yes or No Is your child attending summer school? Dates _____ Time _____ Location _____

Yes or No Is your child able to successfully participate in a program with 1 adult per group of 10 children?

Yes or No Other (Please explain) _____

Submission of this form is not a guarantee of enrollment. Registration cannot be processed until all paperwork is complete & returned to the BASCOL Office. There is a minimum 5-10 business day processing period before your child may begin.

BASCOL SUMMER 2021 CHILD INFORMATION

2nd CHILD

CHILD'S NAME: _____ Nickname (If any) _____
 Birth date: _____ Age: _____ Gender: M or F
 Child's Grade in September 2021: _____
 School: _____ Summer Site: Central Square—Millard Hawk Elem.

PLEASE CHECK WHICH WEEKS YOUR CHILD WILL BE ATTENDING & CIRCLE DAYS NEEDED

WEEK 1
(6/28-7/2)
 Welcome to Summer

M T W Th F

*Challenge Island
Tuesday*

WEEK 2
(7/5-7/9)
 Red, White & Blue

~~X~~ T W Th F

Closed Monday, 7/5
in honor of
Independence Day

WEEK 3
(7/12-7/16)
 "FUN"-Gineers

M T W Th F

*Challenge Island
Tuesday*

WEEK 4
(7/19-7/23)
 Tie Dye Explosion

M T W Th F

WEEK 5
(7/26-7/30)
 Giving Back

M T W Th F

*Challenge Island
Tuesday*

WEEK 6
(8/2-8/6)
 Wacky Water Fun

M T W Th F

WEEK 7
(8/9-8/13)
 Painting With Kids

M T W Th F

*Challenge Island
Tuesday*

WEEK 8
(8/16-8/20)
 Backyard Fun

M T W Th F

WEEK 9
(8/23-8/27)
 Imagination Creation

M T W Th F

*Challenge Island
Tuesday*

WEEK 10
(8/30-9/1)
 BASCOL Spirit Days

M T W ~~Th~~ ~~F~~

Closed Thurs. 9/2
& Friday 9/3

*Part Time -
Minimum of 2 days per
week required.

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: (Please circle yes or no for each)

- Yes or No Asthma* _____
- Yes or No Allergies* _____
- Yes or No Special Diet/Food Sensitivities _____
- Yes or No Diabetes _____
- Yes or No Epilepsy or Seizures _____
- Yes or No Takes Regular Medication _____
- Yes or No Allergic to Medications _____
- Yes or No ADD/ADHD _____

*No medication needed
while at BASCOL.
I understand that in the
event of an emergency 911
will be contacted.
(Dr. note may be required)

Parent Signature

Yes or No Court/Custody Issues (if yes please attach a copy of court/custody papers)
 Court Orders must be provided to the BASCOL Office to legally prevent a parent from having access to and/or picking up a child

Yes or No Receives services at school (speech, OT, PT, etc.) has IEP, 504 plan, or behavior plan.
 Please explain and attach copy of plan. _____

Yes or No Will your child have therapy visits at BASCOL over the summer? If yes, parent consent form must be completed.

Yes or No Is your child attending summer school? Dates _____ Time _____ Location _____

Yes or No Is your child able to successfully participate in a program with 1 adult per group of 10 children?

Yes or No Other (Please explain) _____

BASCOL SUMMER 2021 REQUIRED EMERGENCY INFORMATION

EMERGENCY NOTIFICATION

	Summer Site	Password	Home School
	Child's Full Name	Grade	Allergies, Special Information, etc.
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 _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	3rd Child		*No Medication needed while at BASCOL Initial _____

Please list primary emergency contact first & where child resides first.			Telephone
Primary Contact Mother/Father/Guardian/ Step Mother/Step Father Circle One	Name	Home Address of Child	(H) _____
	Employer	Occupation	(W) _____
	Does child reside w/ you? Yes or No		(C) _____
Secondary Contact Mother/Father/ Guardian/Step Mother/ Step Father Circle One	Name	Home Address	(H) _____
	Employer	Occupation	(W) _____
	Does child reside w/ you? Yes or No		(C) _____
Emergency Contact/ Additional Release Persons ** (Other than above) Who to call in the event we cannot reach you	Name	Home Address	(H) _____
	Relationship		(W) _____
	Name	Home Address	(C) _____
	Relationship		(H) _____
Physician	Name	Address	Phone _____

* 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	Address	Primary Phone #	Secondary #

Agreements
 I consent to the enrollment of the child listed above in this program & have been advised of the policies and regarding administration of medication, fees, transportation and the services provided by the program, and the Office of Children and Family Services regulations under which it operates. I agree to update this information whenever a change occurs.

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information to the provider, to assist the provider in caring for my child.

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. I understand transportation to the nearest hospital will be determined by the paramedics.

Hospital of choice if possible: _____
 There is information regarding Child Health Plus in parent handbook.

Health Care Company	ID #
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Topical Over-the-Counter Medication Parent Permission		
Name of Topical Medication	Directions For Administration	Valid Dates For Administration
Sunscreen (from home)	Per Product Labels	6/28/21- 9/1/21
Hand Sanitizer	Per Product Labels	6/28/21- 9/1/21

** _____
 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 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 your 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 OR 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 315-622-4815
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 2021	through	MONTH	DAY	YEAR 2021
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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	DATE	ADDRESS	DATE
4610 Wetzel Road. Liverpool, NY 13090			

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR(S):

INSURANCE COMPANY OR GOVERNMENT PROGRAM	I.D. OR CONTRACT NUMBER

FAMILY PHYSICIANS:

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER

BASCOL SUMMER 2021 VERIFICATION FORM

Having enrolled my child/ren in the summer program, I verify, understand and give permission to the following:

(Please Initial All)

1. Initial I have received a 2021 Summer Program 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 (315-622-4815) for clarification. I consent to the enrollment of the child/ren listed above in the BASCOL summer program, and I have been advised of the policies regarding fees and services provided by BASCOL Inc.
2. Initial I understand for each medication my child needs to receive while at BASCOL the parent and physician MUST complete the NYS approved Written Medication Consent Form. All medication must be labeled and in original container/package with the child's name and have the medication inserts. I understand the Medication Consent Forms are only valid for 12 months.
3. Initial I will provide special information to BASCOL to assist BASCOL in caring for my child/ren (diets, habits, etc.) I understand that if my child requires an Individual Health Care Plan for medical reasons, I will be required to review the plan with BASCOL staff as needed.
4. Initial I have received a summary of BASCOL's evacuation plan including the primary and secondary evacuation sites. (Will receive at time of registration.)
5. Initial I give permission for my child/ren to go on walking field trips from Millard Hawk Elementary BASCOL to the Central Square Library under the supervision of BASCOL staff. Parents/Guardians will be notified prior to the dates.
6. Initial I give permission for my child to attend The Challenge Island on site field trips that they are registered for. (I understand I must pay on site field trip fee in advance) Refer to Child Information Page in Registration
7. Initial I give permission for my child/ren to have and use sunscreen brought from home and/or hand sanitizer following the directions on the label of the product.
Or- Initial I DO NOT give permission for my child/ren to use sunscreen lotion and/or hand sanitizer.
8. Initial 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/videotapes are the property of BASCOL and for use by BASCOL. Photos and videos taken at BASCOL may be used for promotional purposes on the BASCOL website and BASCOL Facebook and Instagram pages.
Or- Initial I DO NOT give permission for my child/ren to be photographed and/or videotaped.

9. How did you originally hear about us?

- Google Ad Facebook Family Times or Syracuse Parent Magazine Ad (Please circle one) Radio
 Clipper Card Coupon School Previously Attended & Where _____ Other _____

Parent/Guardian Signature _____ Date _____

BASCOL SUMMER 2021 Parent Orientation Checklist

(to be completed at registration with a BASCOL staff person)

Copy Forwarded

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

____ Hours of Operation are 6:30am-6:00pm. Please sign in and sign out each day and write the time.

____ Please check your e-mail for communications and parent table for flyers/newsletters.

____ Please pack a lunch everyday your child attends (including a beverage). BASCOL provides morning and afternoon snacks each day

____ Challenge Island On Site Field Trips

____ Release of Children (p. 3) (Must be listed on emergency card, over 18, know password & show photo ID).

____ Medication Administration required paperwork (if child will have medication at BASCOL) (p. 9) If child takes medicine at home but not at BASCOL please fill out an Allergy or Asthma Action Plan Form and a doctor's note may be required.

____ Individual Health Care Plan (if applicable) –Please allow 10-15 min on the first day your child attends to review w/ staff. Please provide BASCOL with a copy of the following if your child has one. (IEP-Individual Education Plan, 504 Plan, or any special education services)

____ Please notify the staff if your child receives medication or treatments prior to arrival at BASCOL.

____ I have been informed of the OCFS Exclusion Criteria for children who are ill that defines when children can and cannot attend the program.

____ I have reviewed and understand Covid-19 Parent Information, Health Attestation form and Covid-19 Billing Policy form

____ I Received a copy of BASCOL's OCFS Evacuation Plan Summary (will get at time of registration).

____ OCFS required pamphlets for parents-“Say No!” and “Together We Can Raise Healthy Children”.

____ Behavior Expectations (What is expected at school is expected at BASCOL) (p. 10 & 11).

____ Payment Responsibilities- Payment is due on Thursday by 6:00pm for the following week. (See Fee & Service Contract page in Registration Packet.) There is a \$10.00 Late Tuition Payment Fee, Late Pick up Fees incur after 6:00pm & Collection Fees on delinquent accounts (p. 1-3). DSS Absentee Policy-DSS participants who sign up for a full day and fail to cancel a week ahead will be charged BASCOL's regular stated fees if child does not attend. p.2) Show fee schedule p. 2

____ Concern Procedure- Please call the BASCOL office at 315-622-4815 with any questions or concerns (p.13).

____ Please notify BASCOL immediately of any changes of information in writing.

____ BASCOL is closed 9/2 and 9/3. Fall Program begins on 1st day of school. Separate registration is required.

Site: Central Square

Child's Name: _____

Parent's Name: _____

Parents Signature: _____ Date: _____

BASCOL SUMMER 2021 CENTRAL SQUARE FEE AND SERVICE CONTRACT

Copy Forwarded

Total Paid @ Registration
\$ _____

CHILD/REN'S NAME(S): _____

I hereby enroll my child/ren in BASCOL's Sunshine and Good Times Summer Program. I contract for services as indicated below from June 28th, 2021 through September 1st, 2021 between the hours of 6:30 AM and 6:00 PM. I agree to pay BASCOL the amount due for each week registered regardless of attendance. This fee will be paid on the following schedule:

Registration fee- \$30.00 PER CHILD before June 1 \$45.00 PER CHILD after June 1 Amount \$ _____ Date _____	Due at time of registration (Non-refundable) Check # _____ Cash Receipt # _____ Credit Card Payment# _____
Last Week`s Deposit Amount \$ _____ Date _____	Due at time of registration Check # _____ Cash Receipt # _____ Credit Card Payment# _____
On Site Field Trip Fee- \$35.00 PER CHILD Challenge Island (If less than 5 sessions, \$8.00 per session) Amount \$ _____ Date _____	Due at time of registration (Non-refundable) Check # _____ Cash Receipt # _____ Credit Card Payment# _____

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Week	Dates	# Days	Tuition Due
Week 1	June 28th to July 2nd <i>***Challenge Island Tuesday***</i>		\$ _____ Tuition Due June 24th
Week 2	July 5th to July 9th CLOSED on Monday, July 5th.		\$ _____ Tuition Due July 1st
Week 3	July 12th to July 16th <i>***Challenge Island Tuesday***</i>		\$ _____ Tuition Due July 8th
Week 4	July 19th to July 23rd		\$ _____ Tuition Due July 15th
Week 5	July 26th to July 30th <i>***Challenge Island Tuesday***</i>		\$ _____ Tuition Due July 22nd
Week 6	August 2nd to August 6th		\$ _____ Tuition Due July 29th
Week 7	August 9th to August 13th <i>***Challenge Island Tuesday***</i>		\$ _____ Tuition Due August 5th
Week 8	August 16th to August 20th		\$ _____ Tuition Due August 12th
Week 9	August 23rd to August 27th <i>***Challenge Island Tuesday***</i>		\$ _____ Tuition Due August 19th
Week 10	August 30th to September 1st**		\$ _____ Tuition Due August 26th

Closed Thursday September 2nd And Friday, September 3rd		5 days	4 days	3 days	2 days	1 day
	1 Child	\$169.00	\$150.00	\$112.50	\$75.00	\$37.50
	2 Children	\$321.25	\$300.00	\$225.00	\$150.00	\$75.00

Please include child's name and site on all checks

•You will be provided with a receipt for all cash payments made by you to BASCOL. Please retain this receipt for your records.

Parent/Guardian Signature _____ Last four of SS# _____ Date _____

I agree to make all payments on time and will pay an additional \$10.00 late charge per week for any balance not paid in full by Thursday of each week.

I understand that failure to pay tuition and fees as outlined above can result in termination of services. **In the event that I fail to make payment, I will be responsible for any and all collection costs and associated fees incurred by BASCOL, including attorney fees. (As outlined in the Parent Handbook on page 3.)**

I understand that I will be charged for late pick-ups at the rate of \$15.00 per child for the first five minutes after 6:00 PM. An additional \$30.00 per child will be charged for the next 15 minutes after that. An additional \$2.00 a minute will be charged for each child after 6:20 PM. All late time is calculated according to the BASCOL clock.

I understand that any balance which I owe to BASCOL for services already received, must be paid in full prior to my child/ren's first day of attendance. This shall be in addition to the scheduled payments for which I am now contracting.

I understand that any changes in scheduling must be done at least one week in advance in order to avoid financial penalty. DSS participants who register, but do not attend the program and fail to contact the BASCOL office one week in advance, will be responsible for paying BASCOL's regularly stated fees.

BASCOL is under no obligation to provide non-contracted services or to make additions upon this contract at this time.

All persons signing this contract are both individually and jointly liable for all fees and charges.

IN AGREEMENT:

Parent/Guardian Signature _____ Last 4 of SS# _____ Date _____

E-mail Address for billing statements _____

Would you like to sign up for automatic payment? (circle one) YES or NO

REMINDER:

This registration packet must be fully completed, with registration fee and deposit paid before your child will be officially registered and enrolled in the BASCOL Summer Program.