



Learning, fun and quality care

Registration for the 2015 - 2016 school year is now open for new families.

Please complete the registration form (1 per child) and return to the School's Out, Inc. office along with the annual, nonrefundable \$50.00 registration fee (1 per family).

For your convenience: registration forms can be

- E-mailed to soi@schoolsoutinc.org,
- Faxed to 439-0404
- Mailed or dropped off in person to 239 Delaware Avenue, Delmar, NY 12054.

The registration fee can be paid by:

- Check
- Credit card
- Tuition Express Auto Pay
- Online – www.tuitionexpress.com

Registration forms will be processed in the order they are received. Shortly after receipt of completed enrollment information, a confirmation will be sent via e-mail.

For more detailed information, please visit our website, www.schoolsoutinc.org or call the office at 439-9300.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Jayne Maloney". The signature is fluid and cursive, with a large loop at the end of the last name.

Jayne Maloney
Executive Director

**SCHOOL'S OUT, INC
TUITION FEES
2015-2016**

BEFORE & AFTER SCHOOL PROGRAMS

Registration Fee	non-refundable annual fee, per family		\$50
		Monthly	
		1-2 days*	3-5 days
BEFORE SCHOOL		\$104	\$129
AFTER SCHOOL		\$167	\$210
BEFORE & AFTER SCHOOL		\$270	\$325
		* Enrichment Center only	

VETERAN'S DISCOUNT – 10% Discount on tuition with proof of service

SIBLING DISCOUNT – 10%

VACATION CARE PROGRAM

		PER DAY
FULL DAY	7:30 am – 6:00 pm	\$42
HALF DAY	11:45 am – 6:00 pm	\$27
Private School (BCSD half day) After School Care		\$10

SUMMER PROGRAM 2015	per week	\$210
Summer Registration Fee	non-refundable annual fee, per family	\$25
Late Parent Pickup	after 5:45 pm	\$1.00 per minute

MISCELLANEOUS FEES

Late Fees	accessed on the 11 th and 30 th calendar day of the month	5%
Returned Check/Auto Pay Decline Fee	per occurrence	\$35
Two accounts for one child	monthly fee	\$10
Child Search Fee	after three searches	\$15
Schedule Change Fee	after one schedule change	\$10
Late Parent Pickup	after 6:00 pm	\$1 per minute

MasterCard / Visa / Discover/ Checks accepted/ Tuition Express Auto Pay/ Online payment

**SCHOOL'S OUT, INC.
REGISTRATION FORM
2015-2016 SCHOOL YEAR**

OFFICE USE ONLY

Start Date:

Child's Name:

M/F:

Birth Date:

Mailing Address:

School:

Grade in 2015-2016

Parent/Guardian #1:

Home Phone:

Cell Phone:

Address:

E-Mail Address:

Cell Phone Carrier for Text Message:

Employer:

Work Phone:

Parent/Guardian #2:

Home Phone:

Cell Phone:

Address:

E-Mail Address:

Cell Phone Carrier for Text Message:

Employer:

Work Phone:

In case of emergency, list at least two people (16 years of age or above) to be contacted if neither parent can be reached and for authorized pick up.

Name:

Relationship:

Address:

Daytime Phone:

Alternate Phone:

Name:

Relationship:

Address:

Daytime Phone:

Alternate Phone:

Program Enrollment: Please Select the Program(s) & Days You Wish To Register Your Child:

Part Time (1-2 days at the Enrichment Center formerly Storefront):

Full Time (3-5 days):

Before School Program:

AM Days: M T W TH F

After School Program:

PM Days: M T W TH F

HEALTH INFORMATION / MEDICAL TREATMENT

Please list any disabilities, allergies, medical conditions, prescriptions* or special concerns: N/A

My child will require medication during the school year:

My child receives Special Services from the School District?

If yes, give a brief description:

As Parent or Legal Guardian of _____, I hereby authorize School's Out, Inc., in an emergency, to grant consent to any physician deemed appropriate to conduct the required tests and provide necessary medical treatment/care to the above named child, if Parent #1 or Parent #2 cannot be reached.

Parent/Guardian Signature (**Required**)

Date

Name of Physician or Medical Service

PHOTO CLEARANCE

Has my permission to photograph my child.

Please do not photograph my child.

PAYMENT AGREEMENT

Ten monthly tuition payments - due the first calendar day of each month (September 1st – June 1st)

TRANSPORTATION PERMISSION – I give permission to School's Out, Inc. to transport my child(ren) to and from program. The Bethlehem Central School Transportation Department provides daily bussing to our 239 Delaware Ave Site.

SUNSCREEN / INSECT REPELLANT PERMISSION – I give permission for School's Out, Inc. to administer the sunscreen and/or insect repellent I provide for my child when she/he is attending the School's Out Program if my child cannot apply it. It will be my responsibility to supply a sunscreen lotion and/or insect repellent and to bring it to the program site with his or her name on it.

I acknowledge that all information given is current and accurate.

I agree to abide by the policies and procedures of School's Out, Inc.

(This authorization is valid throughout the school year ending the last day of June 2016, unless revoked in writing)

PARENT/GUARDIAN SIGNATURE:

DATE:

School's Out, Inc.
phone: 518-439-9300

239 Delaware Ave
fax: 518-439-0404

Delmar, NY 12054
www.schoolsoutinc.org