SCOPE EDUCATION SERVICES 2017-2018 PRE–KINDERGARTEN REGISTRATION IS NOW OPEN!

4 year old program

Woodland Elementary
85 Ketcham Road
Hicksville, NY 11801

Monday-Friday

9:15 AM–11:45 AM
Or
12:30 PM-3:00 PM

4 year old program

Burns Avenue Elementary
40 Burns Avenue
Hicksville, NY 11801

Monday-Friday

9:00 AM–11:30 AM
Or
12:30 PM-3:00 PM

Tuition

$287.00

Visit us at www.scopeonline.us

SCOPE Education Services in cooperation with Hicksville School District is pleased to provide a financially self-supporting Pre-K Program for the 2017- 2018 school year.

There is a non-refundable annual registration fee of $40 ($20 for each additional child from the same family). Please complete and mail the application along with the $40 registration fee and first month's tuition. Please refer to the checklist and include all required information with your registration form.

Children must turn 4 by December 1, 2017.
There is a 10% sibling discount for a second child.
For further information, please contact us at (631) 360-0800 ext. 133 or dingarozza@scopeonline.us

- **Curriculum aligned with the New York State Pre-Kindergarten Learning Standards**
- **A NYS Certified Teacher and Teacher Assistant for every 18 students in the 4 year old program**
- **The program will operate from September 2017 through June 2018, in accordance with the Hicksville School District Calendar**

Registration will be on a first come/first served basis, by mail only.

Mail completed registration forms to:
SCOPE Education Services/Pre-K Registration
100 Lawrence Avenue
Smithtown, NY 11787

** Fees for the 2017-2018 school year are subject to change.**

100 Lawrence Ave
Smithtown, NY 11787

Dear Parent /Guardian,

Thank you for your interest in the SCOPE Pre-Kindergarten Program. Enclosed are materials to be completed for the registration of your child, as well as an outline of our program.

Please refer to the checklist below to be sure all necessary information is completed and returned to SCOPE.

- o SCOPE Pre-School Registration
- o Medical Statement (Pages 1 and 2)
- o Proof of Residency (i.e. utility bill, tax bill, mortgage statement)
  Driver's License will not be accepted as proof
- o Copy of Birth Certificate
- o Registration and First Month's tuition fee

If paying by credit card:

- o Credit Card payment form
- o Automatic Payment Service form

PLEASE REVIEW PAYMENT SCHEDULE INFORMATION INCLUDED IN THIS PACKET

Please keep the **SCOPE PRE-SCHOOL PROGRAM REGISTRATION AGREEMENT**

If you have any questions or concerns, please contact the Student Services Pre-Kindergarten Department at 631-360-0800 ext 133.

SCOPE Education Services
2017-2018 Pre-Kindergarten Registration Application

SCOPE ID#

_____

For office use only

100 Lawrence Avenue, Smithtown, NY 11787 Telephone: 631-360-0800 Ext. 133

____Birth Cert

_____Medical

_____Proof of Res

FOR SCOPE OFFICE USE

Business Office Received By:_____Date:_____Budget Code_____

Registration Fee_____Payment Method_____

Child's Name _____ Date of Birth _____ Sex: M F

Home Address _____Town _____Zip _____

Home Phone_____ Program Site_____

Program: 4 year old_____ AM _____ PM_____

Parent/Guardian Information: (Both parents must be listed)

Child may be released to both parents? _____Yes _____No * Note: If **NO**, legal documentation is required.

1. Name_____ Relationship to child_____

Cell phone_____ email _____

Home Address _____Town_____ State _____ Zip_____

Place of work _____Address_____

Work Hours _____Work Phone _____

2. Name_____ Relationship to child_____

Cell phone _____email_____

Home Address _____Town_____ State _____ Zip_____

Place of work _____Address_____

Work Hours _____ Work Phone _____

List a minimum of 2 emergency contact names who can be reached during program hours. Contacts must be 18 years or older and authorized to pick up your child. (A neighbor is strongly suggested).

1) Name_____ Phone_____ Cell_____

Address:_____

2) Name:_____ Phone_____ Cell_____

Address:_____

3) Name:_____ Phone _____ Cell_____

Address:_____

Pick Up Restrictions_____

Pre-Kindergarten
Registration Application
Page 2

Indicate areas of child's special needs by circling Yes or No:

Emotional: Yes No Social: Yes No Medical: Yes No Psychological: Yes No Educational: Yes No

Explain each **Yes** circled item. List and include allergies, medications, etc...

_____

_____

_____

_____

In the event parents cannot be reached in a medical emergency, I give SCOPE permission to seek medical attention from a physician or hospital.

***Signature of parent or guardian (required)**

_____

Physician's Name _____

Office Phone# _____

MEDIA RELEASE STATMENT

I DO/DO NOT (circle one) give permission for my child to appear in any media coverage approved by the SCOPE Program.

I have read, understand and agree to adhere to the SCOPE Student Services Pre-School Registration Agreement included in my Pre-School Registration Packet and give my child permission to fully participate in this program. Attached is my non-refundable annual registration fee of $40.00 and first month's tuition.

***Signature of parent or guardian (required)**

_____ **Date**_____

SCOPE EDUCATION SERVICES 2017-2018

HICKSVILLE SCHOOL DISTRICT
PRE-KINDERGARTEN FEE SCHEDULE

There is a non-refundable monthly tuition fee that is due on or before the 15th of each month. This payment reflects tuition for the upcoming month. Tuition for September is due upon registration. Fees are subject to change.

$40 non-refundable one time registration fee ($40 first child, $20 each additional child)

$287 Monthly Tuition Four year old program / 5 days a week

There is a 10% discount for each additional sibling

PREPAY YOUR ANNUAL TUITION & SAVE 5%!

PAYMENT OPTIONS FOR 1ST TUITION PAYMENT:

The first month's tuition can be paid by:

- credit card (see attached Autopay & One Time Credit Card Forms)
- check
- money order

Mail your registration fee, 1st month's tuition payment and registration packet to:

SCOPE Education Services/Registration
100 Lawrence Avenue, Smithtown, NY 11787

NOTE: Parents will be notified by mail of their enrollment status

Payment options for all subsequent tuition payments

CREDIT CARD/AUTOPAY: COMPLETE SEPARATE FORM AND FAX TO (631) 881-9672 OR MAIL TO:

SCOPE PAYMENT CENTER
100 Lawrence Avenue
Smithtown, NY 11787

ONLINE (CHECK/CREDIT CARD ONLINE): Go to: www.scopeonline.us. Student ID# required.

MAIL CHECK/MONEY ORDER TO:

SCOPE EDUCATION SERVICES, GENERAL P.O. BOX 30550
NEW YORK, NY 10087-30550
(Include Student ID#)

PLEASE DO NOT INCLUDE OTHER PAPERWORK WITH YOUR CHECK

There is a $15.00 fee for phone-in payments.

Contact SCOPE Payment Center for more information @ 631-360-0800 ext. 207

SCOPE EDUCATION SERVICES
2017-2018 AUTOMATIC PAYMENT SERVICE

HICKSVILLE PRE-KINDERGARTEN

SCOPE IS PLEASED TO PROVIDE A SAFE, QUICK AND CONVENIENT PAYMENT SERVICE FOR PARENTS WHO WISH TO PAY BY CREDIT CARD.

I authorize SCOPE Education Services to automatically charge my credit card on or about the 15th of each month, for the upcoming month's tuition. I further understand that any additional fees incurred (adding days, late pick-up fees, extended care, etc.) will be automatically charged separately to my credit card. I understand all payments are non-refundable.

Please check appropriate amount:

_____ $40 non-refundable one time annual registration fee ($40 first child; $20 each additional child)

_____ $287 Monthly Tuition - Four year old program / 5 days a week

All information must be completed in order to process credit card.

Please check form of payment:

_____ VISA _____ MC _____ AMEX _____ DISCOVER

Credit Card Number _____ Exp. Date_____

CSV# _____ (3 digit # on signature panel on back of card; AMEX is 4 digits on front of card.)

Name as it appears on credit card: _____

Billing Address: _____

E-mail Address:_____ Phone # _____

Cardholder's Signature: _____

Child's Name: _____ SCOPE ID # _____

Program: _____

PLEASE NOTE THE FOLLOWING:

- Fax to (631) 881-9672 or mail to: SCOPE Payment Center, 100 Lawrence Ave., Smithtown, NY 11787
- You may stop the Automatic Payment Service at any time by directly notifying SCOPE Education Services, in writing via mail or fax. Mail to: SCOPE Payment Center, 100 Lawrence Ave., Smithtown, NY 11787. Fax to (631) 881-9672. To change credit card information, a new form must be filled out.
- If your credit card is declined you will be charged a $25.00 fee ($20.00 late fee and $5.00 reprocessing fee).
- SCOPE FEDERAL ID #: 112073576 (please retain a copy of this form for income tax purposes)

QUESTIONS? Call 631-360-0800 EXT. 207

CREDIT CARD PAYMENT FORM

I authorize **SCOPE** Education Services to charge my credit card for my **child's first month's tuition**, plus a $15 processing fee. I understand this will be a **ONE-TIME ONLY** charge to my credit card. I also understand all payments are non-refundable.

PLEASE COMPLETE BELOW AND MAIL WITH YOUR REGISTRATION FORM TO:

SCOPE PAYMENT CENTER
100 LAWRENCE AVENUE
SMITHTOWN, NY 11787

Please indicate amount to be charged: $_____

+ $15.00 (processing fee)

Total $_____

Please check method of payment:_____**VISA** _____**MC** _____ **AMEX** _____ **DISCOVER**

CREDIT CARD NUMBER_____ EXP. DATE_____

CSV#_____ (3 digit # on signature panel on back of card; AMEX is 4 digit # on front of card)

Name as it appears on credit card:_____

Billing Address_____

_____

CARDHOLDER'S SIGNATURE_____

CHILD'S NAME_____SCOPE ID#_____

HOME SCHOOL_____ PROGRAM_____

PHONE NUMBER_____ EMAIL_____

PLEASE NOTE THE FOLLOWING:
If your credit card is declined, you will be charged a $25.00 fee ($20.00 late fee and $5.00 reprocessing fee).

SCOPE'S FEDERAL ID# 112073576 (please retain a copy of this form for income tax purposes)

QUESTIONS? CALL 631-360-0800 EXT 207

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:

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)	1st Date	2nd Date	3rd Date	4th Date	5th Date
Polio (IPV or OPV)	1st Date	2nd Date	3rd Date	4th Date	
Haemophilus influenzae type B (Hib)	1st Date	2nd Date	3rd Date	4th Date **OR** 1st Date (if given on or after 15 months of age)	
Pnuemococcal Conjugate (PCV) for those born on or after 1/1/08)	1st Date	2nd Date	3rd Date	4th Date	
Hepatitis B	1st Date	2nd Date	3rd Date		
Measles, Mumps and Rubella (MMR)	1st Date	2nd Date			
Varicella (also known as Chicken Pox)	1st Date	2nd 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)	☐ Yes ☐ No	
Is medication regularly taken? (Specify drug and condition)	☐ Yes ☐ No	
Is a special diet required? (Specify diet and condition)	☐ Yes ☐ No	
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes ☐ No	
Are there any medical or developmental conditions requiring special attention?	☐ Yes ☐ 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.

Pre-School Program Registration Agreement

100 Lawrence Ave., Smithtown, NY 11787
631-360-0800 Ext 133 Fax: 631-881-9671
www.scopeonline.us

1. I understand that I am enrolling my child in the SCOPE Pre-School Program for the school year.

2. I understand there is an annual registration fee for my child which includes insurance. The fee is non-refundable unless the program is canceled due to insufficient enrollment.

3. I understand no payments of any kind will be accepted at the program site.

4. I understand there are specific age requirements for the program and agree to furnish proof of age.

5. I understand my child will not be admitted into the program until I furnish documentation indicating that my child has received the required NYS age-appropriate immunizations and a physical examination.

6. I understand I am responsible for transporting my child to and from the program and for escorting my child promptly to and from the classroom.

7. I understand the program has specific start and end times. If I pick my child up late, I will incur a late fee for every 15 minutes, or part thereof, that I am delayed. If I know that I will be late, I agree to arrange for an authorized person to pick my child up from the program. **Excessive lateness may result in withdrawal of my child from the program.**

8. I understand there is a non-refundable monthly tuition fee. The tuition is due on or before the 15th of each month, in advance for the upcoming month (with exception of the September tuition).

9. **I understand there will be no refunds or credits for absences.**

10. I understand that if my check is returned for insufficient funds, a $45.00 fee will be charged ($25.00 administration fee and a $20.00 late fee). After two returned checks, all tuition fees will be required to be paid by money order or certified check, or credit card. I understand if my credit card is declined it will be charged a $25.00 fee ($20.00 late fee and $5.00 reprocessing fee).

11. I understand that if school is closed or closes early due to inclement weather or any other emergency, the SCOPE Program will also be closed. No refund or credits will be issued for emergency closings.

12. I understand that if my child becomes ill during program hours, I will be contacted. I or an authorized person agree to pick up my child immediately.

13. I agree to inform the teacher immediately of any changes in the information I have provided and of any special needs my child may have.

14. I understand that my child's continued acceptance into the program depends on his/her ability to comply with the rules of the program.

15. I understand that SCOPE is not a special needs program; however, SCOPE will make every effort to reasonably accommodate my child's needs. I must complete a student profile form. Once received, I will be contacted to discuss what SCOPE is able to provide my child, at which time I can make a judgment regarding my child's placement. Failure to disclose pertinent information which would affect staffing/safety may result in my child's exclusion from the program.

16. I UNDERSTAND THAT IF A MEDICAL EMERGENCY ARISES, THE SCOPE STAFF WILL ATTEMPT TO CONTACT ME. IN THE EVENT I CANNOT BE REACHED, I GIVE PERMISSION FOR SCOPE TO SEEK MEDICAL ATTENTION FROM A PHYSICIAN AND/OR HOSPITAL FOR MY CHILD.

KEEP THIS FOR YOUR RECORDS