SCOPE EDUCATION SERVICES - MIDDLE COUNTRY SUMMER PROGRAM - 2019

*Week 1: 7/1-7/5 *Week 2: 7/8-7/15 *Week 3: 7/17-7/19 *Week 4: 7/22-7/26
*Week 5: 7/29-8/2 *Week 6 8/5-8/9 * Week 7: 8/12-8/19 *Week 8: 8/19-8/23

Registration Fee: Total $_____ $40/child, $60/family

Select your Weeks: *1___2___3___4___5___6___7___8___ Total $_____ $250/week, *$200/week 1

Select your Trips: 1 N/A 2___3___*4___5___6___7___8 N/A Total $_____ $40/trip, *$45/LI Ducks

Extended AM Care: 1___2___3___4___5___6___7___8___ Total $_____ $70/week, $56/week 1

Extended PM Care: 1___2___3___4___5___6___7___8___ Total $_____ $70/week, $56/week 1

Less Deposit: $_____

Total Due: $_____

SCOPE ID #: _____

Child Last Name: _____ **Child First Name:** _____

Address: _____ **Town:** _____ **Zip:** _____

Gender: M_____F_____ **Birth Date:** _____ **Age:** _____ **Entering Grade:** _____

Parent/Legal Guardian: _____ **Home phone #:** _____

Cell Phone #: _____ **Email:** _____

Parent/Legal Guardian: _____ **Home phone #:** _____

Cell Phone #: _____ **Email:** _____

Family Physician: _____ **Phone:** _____

Emergency Contact Person: _____ **Relationship:** _____ **Phone #:** _____

Medication(s) if any: _____

Allergies if any: _____

Condition(s) which might modify your child's activity: _____

Indicate any special needs: _____

Special needs instructions, if any: _____

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 necessary for the proper health and well-being of my child: Yes:_____ No:_____

Parent/Legal Guardian Signature _____

****I give permission for my child to appear in any SCOPE media coverage: Yes: _____ No: _____**

Enclosed is PAYMENT of $_____ Payment: VISA MC AMEX DISCOVER CHECK

Credit Card #: _____ **Exp. Date:** _____ **CSV#** _____

Card Holder Name (Print): _____

Card Holder Signature: _____

Make check payable to: SCOPE Education Services – Summer Fun

Registration by mail to: SCOPE Education Services, Middle Country Summer Fun
100 Lawrence Ave., Smithtown, NY 11787

Registration by fax to: 631-881-9672 **Attn: Susan Scatoni ext.260**

I have read, understand and agree to adhere to the SCOPE Student Services registration agreement on the reverse side and authorize the release of my child's medical records to SCOPE so that my child may participate fully in this program. Attached is my non-refundable registration fee ($40.00 for one child or $60 for a family).

Signature _____ Date _____

SCOPE Summer School-Age Registration Agreement

1. I understand the program fee for this program is non-refundable unless the program is cancelled due to insufficient enrollment.
2. I understand that I am responsible to pack a peanut free lunch, and a drink, each day, in a labeled, insulated bag. Healthy snacks will be provided in the morning and afternoon. (A non-breakable drink container is strongly recommended)
3. I understand no payment of any kind or registration application will be accepted at the program site.
4. I understand the sibling discount is 10%.
5. I understand that I am responsible to complete and return the emergency (blue) card and code of conduct form before my child can start the program.
6. I understand that if my check is returned for insufficient funds a $45.00 fee will be charged ($25.00 administration fee & $20.00 late program payment fee). After two returned checks all program fees will be required to be paid by money order, certified check or credit card. I understand if my credit card is declined, I will be charged a $25.00 fee ($20.00 reprocessing fee).
7. I understand that withdrawals prior to the start of the program are subject to a $25.00 administration fee.
8. I understand that I or a person authorized by me (at least 18 years old) must sign my child in each morning and out when leaving the afternoon session. Photo I.D. will be required for anyone unknown to the staff.
9. I understand there will be no refunds in the event my child is absent on a scheduled day. Credits will only be honored after my child is absent from the program due to illness for three or more consecutive days with a doctor's note.
10. I understand that if my child becomes ill during the program hours, my child will be kept separate from the group. I will be contacted and I or an authorized person will pick up my child as soon as possible.
11. I understand in programs which SCOPE staff has appropriate MAT credentials that only antihistamines, auto-injectors and inhalers may be administered. Other medications, including over –the-counter medications, will not be administered unless required by the ADA. SCOPE cannot take possession of any medication and your child cannot start the program until you meet with the program supervisor to review required paperwork.
12. I understand that my child's continued acceptance into the program depends upon my compliance with SCOPE rules and regulations and on my child's ability to comply with the rules and regulations of the program. My child and I agree to review and sign the SCOPE Code of Conduct.
13. 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 and an individual health care form, should one be required. Once it is received, I will be contacted to discuss what accommodations SCOPE will provide, 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. Additional services provided by SCOPE may require an adjustment in the fee for my child.
14. I agree to inform the program supervisor immediately of any changes in the information I have provided and of any special needs my child may have.
15. In case of an accident or injury, I authorize any and all emergency medical, dental and/or surgical care and hospitalization advised by the physician, surgeon or hospital necessary for the proper health and well-being of my child.

We are regulated and monitored by the New York state Office of Children & Family Services. If any concerns or issues should arise regarding child care policies and procedures, feel free to contact the Long Island Regional Office: Perry Duryea State Office Bldg., 250 Veterans Memorial Highway, Suite 24-20, Hauppauge, NY 11788 (631)240-2560.

Please keep a copy for your record.