



****NEW FOR 2017-2018****

SCOPE FULL DAY CHILD CARE PROGRAM

SCOPE Education Services is pleased to offer full day child care to all Jericho elementary school families. Students will be provided age-appropriate recreational and educational activities including games, arts and crafts and organized active play. This full day program will also feature a special presenter each day. Parents are responsible to provide a peanut-free bag lunch (snacks and drinks will be provided by SCOPE) and to sign their child in each morning and sign their child out each afternoon.

Notes: -Electronic games are not permitted at SCOPE
-Transportation will not be provided

- WHEN:** Thursday, September 21 and Friday, September 22, 2017
WHERE: Jackson School (pending sufficient enrollment)
TIME: 9:00 AM – 6:00 PM
RATES: Annual Registration Fee (if not currently enrolled in SCOPE): \$40.00
\$20 for 2nd child
Daily fee: \$90.00 (10% discount for second child)
PAYMENT: Full payment is due upon registration. If you cancel after the deadline date or if your child does not attend, you will be charged for the day. There will be an additional \$10 late fee for registrations received after 9/15/17.
Registration is on a first come, first serve basis with limited space. Refunds will be issued if SCOPE cannot accommodate your child.
DEADLINE: Friday, September 15, 2017
TO REGISTER: If you are not currently enrolled in the SCOPE After School Program, complete the SCOPE registration application and send with full payment before Friday, 9/15/17. A separate registration form is required for each child.

By Fax: (631) 881-9672

E-Mail: dthornton@scopeonline.us

NOTE: If you are currently enrolled in the SCOPE After School Program, a sign-up sheet is available at the program site.

SCOPE FULL DAY REGISTRATION - JERICHO 2017
Thursday, September 21 and Friday, September 22
DEADLINE: Friday, 9/15/17

My child will attend: ___ **Thursday, 9/21/17** ___ **Friday, 9/22/17**

Last name _____ **First Name** _____
Address _____ **Town** _____ **Zip** _____
Birth date: ___/___/___ **School** _____ **Grade** _____ **Gender** _____

Parent/Guardian (both parents must be listed) May child be released to either parent? ___ **Yes** ___ **No**
If No, legal documentation is required.

1.Name _____ **Relationship to Child** _____ **Cell** _____ **E-mail** _____
Address _____ **Town** _____ **Zip** _____ **Home Phone** _____
Place of Work _____ **Address** _____ **Work Hours** _____ **Work #** _____

2.Name _____ **Relationship to Child** _____ **Cell** _____ **E-mail** _____
Address _____ **Town** _____ **Zip** _____ **Home Phone** _____
Place of Work _____ **Address** _____ **Work Hours** _____ **Work #** _____

Provide a minimum of two (2) local adults (age 18 or older) who can be reached during program hours (if necessary) and are authorized to pick up your child. These following people will also be contacted in case of emergency if parent/guardian cannot be reached.

1.Name _____ **Relationship to child** _____
Address _____ **Town** _____ **Cell #** _____ **Home #** _____

2.Name _____ **Relationship to Child** _____
Address _____ **Town** _____ **Cell #** _____ **Home #** _____

My child may require the following medication during SCOPE on an emergency basis: (check all that may apply and note that paperwork is required. Refer to Parent Information Guide)

___ **Auto Injector Epinephrine** ___ **Benadryl/Antihistamine** ___ **Inhaler**

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 item and include any medication.

Doctor Name _____ **Address** _____ **Phone** _____

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

Enclosed is full payment of \$ _____ (\$90.00 per day plus \$40.00 registration fee)

Payment Method (circle one) VISA MC AMEX DISCOVER Check Amount \$ _____

Amount Charged \$ _____ Cardholder Name _____

Cardholder Signature _____ Daytime # _____

Credit Card Number _____ Expiration Date _____ CSV Code _____

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For Completion by SCOPE: Budget Code: _____ Paid: _____ Payment Method: _____ Rec'd by: _____

