



Dear PS.376 Families,

Enclosed is the Enrollment Package and Parent Guide for the Commonpoint Queens' PS.376 the After School Program for the 2023-2024 school year.

As spaces are limited, please complete the application, including the attached forms, and provide an updated medical as soon as possible. Applications can be returned to a program representative at PS 376 (210-21 48th Ave, Bayside, NY 11364) or scanned and emailed.

Document Checklist:

- Program Description
- Program Application Form
- Caregiver Guide/Student Code of Conduct/Cell Phone Policy Contracts
- Caregiver Information Sheet
- Caregiver Authorization for Pediatric Care
- Caregiver Authorization for Collection of Student Data
- Post Dated Check Payment Sheet
- Medical Form – **students will not be able to begin the program without an updated medical, this may result in your child forfeiting their spot**

The after school program calendar dates and times will be finalized once the DOE releases their calendar.

Program hours are school dismissal - 6:00 PM Monday- Friday

Dismissal will take place from 5:45-5:59 PM

All children must be picked up by 6:00 PM

Please note while applications will be made first available to families currently enrolled in the after school program, registration and enrollment are on a first-come, first-serve basis.

*In light of current events, please know that the safety and well-being of your children is our top priority. Our afterschool programs are licensed through the Department of Health, and we follow and maintain all guidelines and requirements set forth by DOH regulations in each of our locations. In the event that there is a change in the school start date or schedule that impacts the after school program, we will update you if there is a change to the program structure and/or fees.

We look forward to an exciting and enriching school year together!

PROGRAM DESCRIPTION

Welcome to Commonpoint Queens Youth Education and PS.367 After School Program!

With over 35 years of service to our family and youth communities, we are dedicated to providing quality after school care to our children and communities. Through the use of activity-oriented programs, our mission is to help children grow and develop as positive, capable individuals while learning important interpersonal skills, social responsibilities, and values in a supportive group environment.

The PS.376 after school program is based on a “group-centered” model where students are grouped according to age and club choice and spend their afternoons rotating through clubs and group activities with peers and staff. Upon entering any of our exciting clubs, students are greeted by instructors who specialize in specific activities. Our exciting roster of clubs have included Arts and Crafts, STEM, Physical Recreation, Dance, Baking, 3-D Art, and much more! The clubs run on a trimester cycle to allow our children to participate in all activities.

“Homework Help” is an activity built into each group’s daily schedule and is available M-F. Please note that while staff will do their best to help all students, this is not a private tutoring service. This time is dedicated to your children receiving assistance with their assignments and having their completed work checked.

We look forward to a wonderful and enriching year together!

Sincerely,
Denise Chimbo
P.S. 376Q Bayside Hills School of Excellence
(839)-216-3092
dchimbo@commonpointqueens.org

After School Program Rules and Guidelines

Attendance and Dismissal:

1. For safety reasons, students are forbidden from leaving PS.376 after school alone after arrival to the program.
- 2.. Program traditionally dismisses at **5:45 PM-5:59 PM Monday - Friday**. All students must be picked up by this time. **A late pickup fee of \$1 per minute will be charged** for pickups past program hours. Continued late pickups may result in the removal of your child from the program.
4. Participants will not be allowed to leave the program unless with a caregiver. Youth under 16 years old will not be allowed to pick up any program participants.

Program Safety:

1. Children are encouraged to wear proper footwear (sneakers) during any physical recreation activities
2. There is no nurse on site. Program staff are unable to administer any medications to your child(ren).
3. The program is equipped with general First Aid supplies (ice packs, bandages, Neosporin, & gauze) staff members on site are CPR and RTE certified.

Payment:

1. Personal checks, money orders, and credit/debit cards are acceptable forms of payment. Please see the payment sheet for more details. If paying by check, the application must be accompanied by ten post-dated checks. All checks must be made payable to Commonpoint Queens. **Students will not be able to begin the program unless all post-dated checks or credit card information is provided upon registration. If not provided, this may result in your child forfeiting his/her spot.**

2. In the case of withdrawal from a program without a month's notice, the tuition fee will be paid to the end of the withdrawal month. It is understood that no fee deductions are to be made or credits allowed for any absences or withdrawal on account of illness or any cause whatsoever, except as herein stated above.

3. **The price for PS.376 After School Program is based on the total number of program days during the school year.** This does not include any religious or secular holidays that the agency may be closed for. This figure is used to compute an annual fee. Parents have the option to pay the entire fee or pay in 10 installments. Please note, payments do not reflect the number of program days per month, but reflect 1/10th of the total annual fee.

4. Between **August 1st and August 15th, payment** will be taken from the account on file to serve as your September payment. Please note that any changes must be made prior to this date; otherwise, any overpayment will not be able to be refunded until the October installment is processed.

Notice to Caregivers

1. The after school is ***not*** responsible for any lost or damaged personal property (including but not limited to cell phones, handheld gaming systems, toys, cards, etc.) brought to the program. We strongly advise that they not be brought to the program.

2. The after school program is a "recreational" program, providing various clubs and activities. Most program days offer an allotted homework time, however, the program cannot guarantee all homework will be completed or checked. Parents are encouraged to review their child's homework.

Code of Conduct:

Children in the after school program will be held to a certain standard of behavior including but not restricted to:

1. Proper and appropriate language
2. Keeping their bodies (hands, feet, elbows, etc.) to themselves
3. Demonstrating respect to peers and program staff
4. Demonstrating respect for school/after school property.

Please acknowledge your acceptance of these rules. Failure to comply with said rules may result in your child's removal or suspension from the after school program and forfeiture of all fees.

***Student enrollment will not be processed unless this page is returned signed and dated.**

Caregiver's Name (Please Print) _____

Signature _____ Date _____

Child's Name _____ Second Child's Name _____

Child's Grade _____ Second Child's Grade _____



Caregiver Information Sheet 2023-2024

Child's Information 1. Name _____ DOB _____ School _____ Grade _____

Child's Information 2. Name _____ DOB _____ School _____ Grade _____

Home Address _____

Caregiver # 1 Info
Name _____ Cell Phone: _____ Work Phone: _____

Caregiver # 2 Info
Name _____ Cell Phone: _____ Work Phone: _____

DAYS CHILD(REN) ATTEND PROGRAM (PLEASE CIRCLE): M T W Th F

IF CAREGIVER CANNOT BE REACHED DURING AFTER SCHOOL HOURS:

Emergency Name: _____ Relationship _____ Phone # _____

AUTHORIZED INDIVIDUALS (OTHER THAN CAREGIVER WITH PERMISSION TO PICK UP CHILD):

Name _____ Relationship to Child: _____ Phone # _____

Name: _____ Relationship to Child: _____ Phone # _____

Name: _____ Relationship to Child: _____ Phone # _____

Are there any medical conditions/ allergies we should be aware of ? If so please list below

Does your child take any medications? If so please list below

*Only those who sign this form are authorized to make and adjustments to the child program or registration

Caregiver Signature _____ Date _____

Annual Tuition Fee

Days	Monthly Installment Program Fee	Yearly Program Fee
5 Days	\$ 395	\$ 3,950
4 Days	\$ 345	\$ 3,450
3 Days	\$ 285	\$ 2,850
2 Days	\$ 225	\$ 2,250

At time of deposit, please choose from one of the following payment options:

- Leaving post-dated checks for the remaining months of the program, which will be deposited on, or right after the first of each month.

If you choose this option, all post-dated checks should be given upon registration. They should be dated on the 1st of each month. There can be no exceptions in this matter.*

- Leaving a credit card (Visa, Discover, American Express, or MasterCard) number and expiration date, which will be charged on or right after the first of each remaining month.*
- **Students will not be able to begin the program unless all post-dated checks or credit card information is provided upon registration. If not provided, this may result in your child forfeiting his/her spot.**
- There will be a 10 % sibling discount applied monthly, when applicable.

* If you need to cancel, please inform Denise Chimbo before the 1st of the month so we can either return your unused checks or notify the Finance Department to stop charging your credit card

Registration Form 2023-2024

Family Name Address Town Zip

Caregiver #1 Name (Include last name if different than child) Home # Cellular # Business #

Occupation: ----- Work Address:-----

Caregiver #2 Name (Include last name if different than child) Home # Cellular # Business #

Occupation:----- Work Address:-----

Family Email (required):----- Marital Status -----

*Please print clearly and provide an email that is frequently checked.

Emergency Contact (other than caregiver): ----- Relationship:----- Phone# -----

Child's First Name	Sex	Age	Date of Birth	School	Grade in Sep. 2023	IEP? (if yes, please provide a copy)	Food Allergies

PLEASE CHECK ALL THAT APPLY: Yearly Tuition:

Program Fee:

- ___ 5 days a week..... \$3,950 (\$395/Month)
- ___ 4 days a week..... \$3,450 (\$345/Month)
- ___ 3 days a week..... \$2,850 (\$285/Month)
- ___ 2 days a week..... \$2,250 (\$220/Month)

PLEASE CIRCLE DAYS YOUR CHILD WILL ATTEND

Child #1: M T W TH F
Child # 2: M T W TH F

Credit cards will be automatically charged on or about 1st of every month

Credit Card # ----- Exp.----- CVN-----

10% siblings discount on any child after the first will be applied to the program fee and will be deducted monthly

ENROLLMENT CONTRACT 2023-2024

Commonpoint Queens and _____ (caregiver name), hereinafter referred to as "Applicant," hereby agree to the enrollment of Applicant's child, _____, in Commonpoint Queens' PS376 School Program, hereinafter referred to as "CPQ PS376," upon the following express terms and conditions:

I. **TERMS OF ENROLLMENT:** Applicant hereby enrolls his/her child for the 2023-2024 program year. Caregivers will receive a calendar, indicating days that the school will be closed and no program will take place.

II. **PAYMENTS:** The required first tuition payment and schedule of balance payments is included. PLEASE ENCLOSE A CHECK PAYABLE TO "COMMONPOINT QUEENS" or credit card information to be charged monthly for the amount of the first tuition installment based upon number of days per month that you register your child to attend. *Students will not be able to begin program unless all post dated checks or credit card information is provided upon registration. If not provided this may result in your child forfeiting his/her spot* III. **WITHDRAWAL/CHANGES:**

A. In all cases of withdrawal before the start of the after school program, a full refund shall be made.

B. In all cases of withdrawal after the start of after school program, tuition fees shall be paid to the end of the withdrawal month during which the removal takes place.

C. It is understood that no fee deductions are to be made, or credits allowed for absence or withdrawal on account of illness or any cause whatsoever, except as herein above stated.

IV. **MEDICAL FORMS:** Applicant agrees to have his/her child examined by a physician and to submit a health certificate (supplied by Commonpoint Queens) before entering the child in After-School Day Care, meeting the requirements set forth by the New York City Department of Health. No child will be allowed to begin the CPQ PS376 After-School Program without a health certificate. Failure to comply may result in the temporary suspension or removal of your child from the program.

V. **PHOTO/DIGITAL MEDIA RELEASE:** Applicant hereby given permission to Commonpoint Queens for use of all digital media for the purpose of publication and/or on display on behalf of Commonpoint Queens.

VI. **Misc.:** If Commonpoint Queens determines that services cannot be provided as a result of an act of nature, a local or national emergency, or any conditions that in the opinion of Commonpoint Queens jeopardizes the safety of the children, no compensation or make-up days will be provided. Commonpoint Queens reserves the right to cancel or alter programs and/or fees as necessary.

IT IS EXPRESSLY UNDERSTOOD AND AGREED BY THE PARTIES HERETO THAT THE PRIVILEGE OF PAYING TUITION INSTALLMENTS IS EXTENDED ONLY AS A CONVENIENCE AND DOES NOT IN ANY WAY VARY THE OBLIGATION OF THE APPLICANT TO PAY THE TUITION IN FULL. EACH INSTALLMENT IS AUTOMATICALLY DUE ON THE DATE STATED WITHOUT BILLS BEING SENT BY CPQ. THE AFTER-SCHOOL PROGRAM HEREBY MAKES IT KNOWN TO THE APPLICATION THAT HIS/HER CHILD IS BEING ACCEPTED FOR THE ENTIRE REMAINING

PORTION OF THE SCHOOL YEAR, AND THAT THE TUITION STATED IS PAYMENT FOR A PLACE IN THE SCHOOL PROGRAM AND NOT FOR THE PERIOD OF ATTENDANCE.

Applicant (please sign) Date

Authorization for Pediatric Emergency Medical/Surgical Care

Authorization for Pediatric Emergency Medical / Surgical Care

Explanation:

It is the firm hope of Commonpoint Queens, Inc. that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the caregiver of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will be used only where absolutely necessary and only after every attempt has been made first to contact the parent. We find that doctors and hospitals refuse to give any medical treatment, regardless of how minor, unless they have authorization from the caregivers. As you know, time can play a factor in scenarios where immediate medical attention is needed. This form assures that time will not be lost in providing your child immediate treatment.

Authorization:

In case of emergency, I hereby authorize Commonpoint Queens to consult a doctor or hospital who (and whomever they may designate as their assistants) is hereby authorized to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child.

Name of Child 1: _____

Insurance Carrier: _____ ID # _____

Name of Child 2: _____

Insurance Carrier: _____ ID # _____

Relationship to Children : _____

Signed: _____ Date: _____



Commonpoint Queens (CPQ) is requesting your permission to allow us to collect information we need on your child, their participation and the quality of the services provided.

Consent to Collect and Share Student Information

What information from your child's student records is CPQ requesting? We are requesting your permission for the NYC Department of Education (DOE) to share personally identifiable information from your child's student records with CPQ. The information we would like to collect consists of biographical and enrollment information (specifically consisting of your child's name, address, date of birth, student identification number, grade, school(s) attended and transfer, discharge, and graduation data about your child); data concerning your child's school attendance (including number of days attended and absences); and academic performance data (including your child's results on state and national exams, credits earned, grades, promotion and retention status, and fitnessgram score); and data related to any disciplinary actions taken against your child (including number and type of suspensions).

We are requesting to collect the information listed above about your child on a past, present and future (i.e., ongoing) basis.

We are also requesting your permission for CPQ to share information we collect on the enrollment form from you and/or your child with DOE staff. The information includes registration information, student's interests and challenges, type of program enrolled-in and frequency of participation. This information will be used to help the school and community organization work together to meet you and your child's needs.

Who will see my child's information and how will it be safeguarded?

The only people who will see your child's individual information are CPQ and DOE staff who manage the data systems and prepare research reports and program analyses. The limited number of CPQ staff identified to receive personal information is screened. Personally identifiable information will not be shared with any community based organizations or their staff members. We will not use your name or your child's name in any published report. While we request your consent, your responses to the below requests will not affect your child's participation in CPQ sponsored programs.

Please check Yes or No to each of the following statements:

- I understand why CPQ is asking my permission to access the information listed above from my child's student records, and I give permission to DOE to share that information with CPQ on an ongoing basis.

____ **Yes, I give my permission** ____ **No, I do not give my permission**

- I understand why CPQ is asking my permission to share information about my child collected by CPQ with DOE staff and I give my permission to CPQ to share information with DOE on an ongoing basis.

____ **Yes, I give my permission** ____ **No, I do not give my permission**

Student/Applicant Name: _____

Caregiver Name: _____

Caregiver Signature: _____ Date: _____

Additional Caregiver Name: _____

Additional Caregiver Signature: (optional) _____ Date: _____

2023 – 2024 Postdated Checks Authorization Form

Child's Full Name: _____

Caregiver's Name: _____

This letter is to confirm that I, _____ give CPQ PS376 the authority to deposit each check on or after the 1st of the month, the check has been written for. If your child(ren) withdraws or changes schedule, the CPQ retains the right to void or destroy the checks given. In case of schedule change, new postdated checks must be re-submitted on the notification of schedule change.

Postdated Check Detail:

No	Check Number	Amount	Deposit Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Caregiver's Signature: _____ Dated Signed: _____

Welcome to P.S 376Q CommonPoint After-School

We are on INSTAGRAM as **ps376commonpointqueens**, where you can not only follow us but see what we are up to throughout the week! We understand that you might not want your child's photo to be posted on social media and that's perfectly okay. Please fill out the form below, stating if you allow photos of your child to be posted on our social media page or exempt from it. If you have more than one child in our program please complete one for each child.

Best Regards,

Denise Chimbo
Program Director

Child's Name: _____

Grade: _____

- I allow my child's photo to be posted on our social media pages
 I do not allow my child to be posted on social media

Child's Name: _____

Grade: _____

- I allow my child's photo to be posted on our social media pages
 I do not allow my child to be posted on social media

Child's Name: _____

Grade: _____

- I allow my child's photo to be posted on our social media pages
 I do not allow my child to be posted on social media

Parent Name (Print) : _____

Parent Signature: _____

Date:_____