

P.S 261

Magnet School For Integrating The Arts  
PTA After School Program  
314 Pacific Street  
Brooklyn, NY 11201  
(646)-982-8725

2010-2011 After School Program Family Registration form  
Please complete form and attach the annual non-refundable \$25 registration  
fee. New Students and update personal information.

## Student Enrollment Form

This form must be completed and signed by the parent or guardian of a student enrolling in the after-School program.

### Student Information

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

Sex: M or F

Birth Date: \_\_\_/\_\_\_/\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

### Parents/Guardian Information

Parent/Guardian #1

Parent/Guardian #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contacts

Please identify two people who maybe contacted between 3:00pm and 6:00pm. If you are not available.

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Hone Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

- Please let us know if your child has any allergies.
- One child per application
- **Parents please update contact information**

## AUTHORIZED PICK-UP INFORMATION

CHILD'S NAME: \_\_\_\_\_

Please list below any people you authorize to pick up your child from the PS 261 PTA After-School Program:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

(If there are additional people you authorize to pick up your child, please list them on the back of this form)

**I hereby authorize any of the people listed above to pick up my child if I am unable to do so myself.**

\_\_\_\_\_  
PRINT PARENT'S NAME CLEARLY

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

The following person(s) are **NOT** authorized to pick up my child under any circumstances unless I have given express written permission:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

# After-School Program

The PTA After-School Program is open to pre-kindergarten through 5<sup>th</sup> grade from 3:00pm until 6:00pm.

## **Enrollment**

Applications for the After-School Program are available at registration on the first day of school or can be picked up from the After-School office.

## **Rate**

For the 2010 session school year, a daily rate \$15.00 and (\$13 for each additional enrolled sibling) will be assessed for the After-School Program. Your child invoice is based on day's registered and not actual day(s) your child attends. For late pick-ups after 6:00pm, an additional charge of \$1 per minute will be assessed per child. Snacks are included in the cost.

## **Billing**

Billing invoices are sent out every month and will include the appropriate charges for After-School service. All questions related to the charges should be directed to the After-School Director.

## **Pick-Up Time**

Children must be picked up by their parent or legal guardian no later than 6:00pm. The Director must be notified if someone other than a parent or guardian is to pick up their child. Identification will be required by the staff member on duty. The adult picking up will be required to sign the child out for the day.

## **Late Fee**

A late fee will be charged if a child is picked up after 6:00pm. Parents who are consistently late may be asked to withdraw their children from the After-School Program.

## **Reducing or adding days/dropping out of After-School**

Parents, you can reduce or add days to child schedule at anytime with a writing note, or email to the Director. If you are dropping from the program, please do so prior to the next billing month. The program is run on a strict budget. You will be required to pay the invoice if the billing month has begun.

I have read and understand the above After-School Program policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_