

**Bright Days Before and After School Program**  
**Affordable Rates and Convenient Times**  
**K – 6<sup>th</sup> grade**



**2017/2018 REGISTRATION PACKET**

**Central Office**

**Mailing Address: PO Box 378 Hyde Park, NY 12538**

Hyde Park Site Address 4327 Albany Post Rd, Hyde Park, NY 12538

**Main Office Phone: 845-698-0117**

Site Locations: Hyde Park Elementary School for HPCSD

Vassar Road, Kinry Rd, Sheafe Road and Oak Grove Elementary Schools for  
the Wappingers School District

Email Us: [brightdayscamp@gmail.com](mailto:brightdayscamp@gmail.com)

Welcome to Bright Days Before and After School Care program. We understand that childcare is one of the most important decisions and we're glad that you have chosen Bright Days to meet your childcare needs. We're here to help you in any way. Please email or call us at the contact above. Our site directors and staff are highly skilled, background-checked and credentialed. NYS OCFS licenses and oversees our programs.

**Staff:** Multi Site Director Wappingers : Kimberly Downey [KDBrightdays@gmail.com](mailto:KDBrightdays@gmail.com)

Central Office 845-698-0117, [brightdayscamp@gmail.com](mailto:brightdayscamp@gmail.com)

- Bright Days offers programming for school-aged children that need 1 to 5 days/week
- Children must be registered in elementary school or a Pre K program
- Children registered are required to have a medical history and up to date immunization records
- OPEN: The program **WILL RUN ON SCHEDULED ½ DAYS PROVIDING ½ DAY YOUTH CAMP ON SITE**
- When registered, families will receive information on snow delays
- CLOSED: THE PROGRAM WILL NOT RUN ON EMERGENCY EARLY RELEASES. ALL CHILDREN MUST BE PICKED UP OR SENT HOME ON BUS DURING EMERGENCY EARLY RELEASE.
- Bright Days is unable to provide supervision of students whose personal needs are greater than regulated staffing ratios allows.
- Bright Days operates all weeks of the summer FOR SUMMER CAMP IN HYDE PARK.
- Bright Days bills per usage and accounts must be kept current in order to utilize programs

**Wappingers: BC AC program follows Wappingers district calendar and the program IS CANCELED when Wappinger schools are closed. We SO OFFER after care for scheduled ½ days. Please email [KDBrightdays@gmail.com](mailto:KDBrightdays@gmail.com) to receive information on registration, delays and bus transportation.**

**BEFORE AND AFTER CARE ACTIVITIES**

Homework, snack, art, games, sports, outdoor play

During ½ day after care we offer the following activities: Art, games, sports, nature exploration, local field trips, crafts. Snow Delays we open at 8 am at your site.

# Bright Days Before and After School Program

## 2017/2018 REGISTRATION PACKET

4327 Albany Post Rd, Hyde Park, NY 12538 HYDE PARK ELEMENTARY SCHOOL  
office/classroom: 845-698-0117, Mailing Address: PO Box 378 Hyde Park, NY 12538

### Code of Conduct

- We will always place safety first, which will mean regular buddy checks, safety drills and procedures to ensure child safety. Safety procedures are to be treated with utmost importance & we relay instructions to children and need support and cooperation.
- We ask all parents to go over this code of conduct with enrolled children. We place high importance on all students treating others in a positive, respectful way.
- Be respectful, honest and kind. Use positive language, be gracious competitors and show good sports etiquette and share.
- Be considerate to others and to the environment by cleaning up after yourselves.
- Follow staff directions, instructions and guidelines and please ask if you don't know!
- No violence, throwing things, rough housing or demeaning language
- Always engage a staff member / group leader to settle an issue or conflict between students. Don't take matters into your own hands.
- NO GUM IS ALLOWED IN THE PROGRAM, NO OUTSIDE TECHNOLOGY DEVICES ARE ALLOWED IN THE PROGRAM

### Consequences of not following code of conduct

- The Director will determine disciplinary action after staff reports incidents. Consequences may include 1) a gentle reminder / verbal warning 2) time to sit aside from group activity followed by a note home 4) call parent/guardian and request pick up or 4) child will be removed from the program with no refund.
- Bright Days reserves the right to immediately dismiss any child from the program for extremely disruptive behavior, for behavior placing a student/staff safety in jeopardy or any violence. Examples included but are not limited to: 1) intentionally hurting another child 2) stealing 3) refusing to comply with a safety directive 4) violence.

**We take child safety very seriously and use our rules, guidelines, instructions and a code of conduct to help make sure your child is as safe as absolutely POSSIBLE.**

Name of Mother ..... Name of Father .....

Primary Home Address .....

Home Phone # .....Mother's Cell # .....

Mother's email ..... Father's Cell #.....

Father's e-mail .....

# Bright Days Before and After School Program

## REGISTRATION PACKET

### For Hyde Park and Wappingers

4327 Albany Post Rd, Hyde Park, NY 12538 HYDE PARK ELEMENTARY SCHOOL  
Central Office: 845-698-0117, Mailing Address: PO Box 378 Hyde Park, NY 12538

#### Bright Days Program Rules and Regulations for children and families

- All parents/guardians must follow proper sign in and sign out procedures. We cannot overstate how important this is. If child(ren) is leaving with an approved person but someone other than their parent/guardian, photo identification must be presented.
- Children cannot attend program if they have a fever or contagious illness.
- Parents will be notified, and children must be picked up in the event of illness.
- Shelter In Place Locations for your site will be provided. **Bright Days conducts monthly fire drills, shelter in place drills, lock down drills and the daily transport of groups of children from the rear of the building to the front of the building to and from the bus.** Strict guidelines to ensure these operations are done efficiently and safely are our main focus & are communicated with the children in the program and expected to be supported and followed.
- Appropriate attire must be worn at all times. Please label all children's items.
- Healthy snacks will be provided daily during Before Care, After Care and ½ days. No GUM and No Technology devices! Bright Days offers computers to support math and literacy practice and homework support. Full day youth camps require a permission form be filled out and signed for local field trips! See office for details.

#### Homework

While homework is an important element of our program, our main focus is on child development. We allow a maximum of 60 minutes for homework each day. If you would like a lower homework limit for your child, just let us know below.

- My child will NOT do homework while attending the Bright Days Program.

**PLEASE INITIAL HERE** \_\_\_\_\_.

- My child will do homework for a maximum of \_\_\_\_\_ minutes per day Monday- Friday.

**PLEASE INITIAL HERE** \_\_\_\_\_.

Let us know that you agree with our rules and regulations and code of conduct.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A. Child Information ( 2<sup>nd</sup> packet provided for additional children per family)**

1. Children's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade 2016/17 \_\_\_\_\_  
 School \_\_\_\_\_  
 Primary Home Address \_\_\_\_\_

2. Children's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade 2016/17 \_\_\_\_\_  
 School \_\_\_\_\_  
 Primary Home Address \_\_\_\_\_

3. Children's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade 2016/17 \_\_\_\_\_  
 School \_\_\_\_\_  
 Primary Home Address \_\_\_\_\_

**B. Authorized Pick Up: If the person who is authorized to pick your child up is not a parent/guardian we will ask for a photo id before releasing your child.**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Relationship to child \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Relationship to child \_\_\_\_\_

**C. Although medical situations are rare, we need to be prepared for any and every possible contingency.**

In the event of serious illness or injury, I authorize Bright Days Program Staff to obtain necessary emergency medical treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

**Child's Primary Pediatric Physician** \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_

**If guardian cannot be reached in the event of an emergency, list contact numbers to be used:**

#1 Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_

#3 Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**Medical History**  
**A separate form must be completed for each child.**

**MEDICAL HISTORY**

Child's Name \_\_\_\_\_

1. Are there any current conditions or limitations that the staff should be aware of? If yes, why?  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your child on any medication? Y or N. If yes, what is the name of the medication(s) ( includes epi pens or inhalers). \_\_\_\_\_

**Note: ANY CHILD ATTENDING THE PROGRAM WITH EPI PENS OR INHALERS MUST HAVE PRE-APPROVED PERSONAL HEALTH CARE PLAN**

Please note we are not authorized to administer any medications. The exceptions are epi-pens and inhalers with a pre-approved personal health plan.

4. Does your child wear any appliances? (Glasses braces, etc.) \_\_\_\_\_

5. Is your child subject to any of the following? (check all that apply)

____fainting spells	____headaches	____tonsillitis
____eczema	____stomach upset	____wetting
____abdominal pains	____hay fever	____convulsions
____diabetes	____sinus trouble	____frequent sore throat
____asthma	____bronchitis	____ear infections
____constipation	____mood disorders	____other, please list _____

6. Does your child suffer from:

____lung problems	____kidney problems	____heart problems
____hernia	____epilepsy	____allergic reaction to bee stings

7. Can we administer over the counter topical ointment on your child if necessary ( Neosporin) ?

Y or N

8. Can we apply insect repellent and sunscreen? Y or N

Parents/Guardians: If your child is not able to have generic brands, please provide them with a specific kind that is well labeled with your child's name.

# Bright Days Before and After School Program REGISTRATION

4327 Albany Post Rd, Hyde Park, NY 12538 Central office: 845-698-0117, Mailing Address: PO Box  
378 Hyde Park, NY 12538

## First Aid Kit - Child Information Summary - Page 1

We keep this form in the first aid kit, which has a summary of all your child's important information. We strongly recommend including a photo in the top left hand corner.

<b>PHOTO OF CHILD (Optional)</b>	NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES DAY CARE REGISTRATION			
	<b>Child's Full Name:</b>			
	Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your child allergic to?			
	Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.			
<b>Child's Source of Medical Care/Primary Care Physician's Name:</b>			<b>Telephone Number:</b>	
<b>Child's Source of Dental Care/Dentist's Name:</b>			<b>Telephone Number:</b>	
<b>Name Of Medical Care Facility/Hospital:</b>			<b>Telephone Number:</b>	
Would you like information on Child Health Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>EMERGENCY DATA</b>	<b>RELATIONSHIP</b>	<b>CONTACT NAME</b>	<b>TELEPHONE NUMBER DURING CHILD CARE</b>	<b>OTHER TELEPHONE NUMBER (Check type)</b>
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

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# Bright Days Before and After School Programming REGISTRATION

4327 Albany Post Rd, Hyde Park, NY 12538 office: 845-698-0117

## First Aid Kit - Child Information Summary - Page 2

<b>Provider/Day Care Facility Name and Address:</b> Bright Days Before and After School Program Location: Hyde Park Elementary School. Rm 2, 3 and 19, North facing rear atrium. 4327 Albany Post Rd.	<b>CHILD'S FULL NAME:</b>		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	<b>CHILD'S HOME ADDRESS:</b>			DATE OF BIRTH:	
				HOME TELEPHONE NUMBER:	
	DATE OF ACCEPTANCE:				
	NAME OF PERSON APPLYING FOR CHILD:		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other		HOME TELEPHONE NUMBER:
					DAYTIME TELEPHONE NUMBER:
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):				
	AGREEMENTS I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.  I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No  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 (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No  I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No  I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE</b>				<b>DATE:</b>	

**Enrollment and Payment: The prices & times below are subject to updates & changes each 6 mos**  
**NO CONTRACTS! WE CHARGE PER USAGE! CHILD IS ABSENT ?.....NO CHARGE!**

At Bright Days we pride ourselves on quality staff, programming, environment and resources.

Child's Name \_\_\_\_\_

- Families billed bi-weekly for childcare services must pay through the Pay with Ease auto pay program.
- ACH auto pay forms are available.
- Registration fees: A one-time non-refundable \$25 fee per family due each academic school year.

**Before-school program** : Before School opens at 7 am

- Location: parent drops off beginning at **7 am** at Sheafe, Oak Grove, and Vassar Rd Elementary
- Please select expected days: (circle days) **Mon Tues Wed Thurs Fri**

**RATES: Before Care Program 7 am drop off**

	Per Day Rate as of 9/1/2017
1 child	\$6.95 + \$2 fee prior to 7:29 am
2 <sup>nd</sup> child	\$5.50 + \$3 fee prior to 7:29 am
3 <sup>rd</sup> child	\$5.00 + \$4 fee prior to 7:29 am

NOTE: if a child enters the program without a guardian to sign them in, BD staff must log a **7 am arrival time** with early drop rates billed to invoice.

**After-school Program:** BD staff will pick up children from teachers directly at their schools

- On site Locations: Sheafe Rd, Vassar Rd Location for Kinry. Aftercare for Oak Grove is at Sheafe
- ( extended after care fee of \$5 per child within 15 min after **6:00 PM**)
- Please select expected days: (circle days) **Mon Tues Wed Thurs Fri**

**RATES: After School Care Program 3:30 PM to 6:00 PM**

	Per Day Rate as of 9/1/2017
1 child	\$15
2 children	\$23.00
3 children	\$30 pre K – 6 <sup>th</sup>

Parents/Guardians pick up by 6 PM. After 6 PM the charge is \$5 per child within each 15 minutes. SCHEDULED HALF DAY EARLY RELEASE YOUTH CAMP. \$40 1<sup>st</sup>, \$35 2<sup>nd</sup> child, \$30 3<sup>rd</sup> child Please send Lunch!

Extended care past 6:00 PM. A fee of \$5 per child within each 15 minutes will be added to invoice. Program will be canceled during emergency early releases, snow days and holidays. **Program is open and offered during scheduled ½ day closings.** \$40 1<sup>st</sup> child , \$35 2<sup>nd</sup> child, \$30 3<sup>rd</sup> child. Please send lunch!

The price structure for BEFORE & AFTER SCHOOL programming for registered families is granted **PER USAGE**, which invoices each family bi-weekly only for when each child uses the services. Families **MUST** pay bi-weekly via automatic payments. Fees are deducted bi-weekly following invoicing. Monthly statements can be provided.

**PAYMENTS:** If payments are not received, then your child's spot will be forfeited. We appreciate timely payments in order to support the quality of various resources for staffing & programming, especially **PER USAGE** billing.

\_\_\_\_\_ ( please initial )

I, \_\_\_\_\_ (parent/guardian name) have read, understand, and agree with all of the above.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



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The price structure for BEFORE & AFTER SCHOOL programming for registered families is granted **PER USAGE**, which invoices each family bi-weekly only for when each child uses the services.

#### 2016 – 2017 Before and After School Care Program:

##### Do's

- only charge families PER USAGE versus locking families into contracts
- only charge families when children are present
- help families maintain manageable and affordable accounts and fees owed

##### Don'ts

- Do not lock families into contracts
- Do not charge families when children are not present
- Do not require families to pre pay upfront each month during school year
- Do not charge interest or late fees

#### PAY WITH EASE

**We strive to focus on the safety, supervision and care of all children in our program.**

**To support the ease of both staff and parents/caregivers families can pay the following ways:**

- 1) Bright Days electronically invoices bi weekly Fridays beginning in September for when your child(ren) are present in the program based on carefully documented attendance records that parents/caregivers must sign for daily. Usage is calculated Wednesday to Wednesday.
- 2) Families are set up for our Pay with Ease Program, which takes care of your childcare account after invoice is issued. Bright Days will automatically withdrawal bi weekly invoices from the debit card/charge accounts that families have chosen on file. We do accept DSS.

The program will be **open for schedule ½ day early releases. Sign up information is offered at your site along with more information about dates and program. Questions? Call 845-698-0117 and we will be there to help you.**

#### Where to find us and how to spread the news!

Please LIKE US on Facebook and share our information with other families you know that are seeking reliable, safe and affordable school aged child care. **We provide full access programming at our Hyde Park staff and welcome Wappingers families.**

KEEP CURRENT WITH EASE  
WORRY AND HASSEL FREE FAMILY PAYMENTS  
Allow staff to focus on the safety and well-being of all children

**PLEASES FILL OUT AND RETURN DIRECTLY TO YOUR SITE STAFF OR MAIL TO PO BOX 378  
HYDE PARK, NY 12538**

Bright Days strives to meet the needs of families. Worry and Hassel Free auto charge service allows your account to be paid on time, kept current.

All fees will be charged to the account on file within 3 days after bi-weekly invoicing is issued.

NOTE: Bright Days only charges per usage per child. Strict confidentiality of this information will be maintained and kept in family file at our Central Office.

I, \_\_\_\_\_, hereby authorize Bright Days to automatically charge the account listed below after bi-weekly invoicing is issued. I understand that I must provide 30 day written notice to cancel this auto pay service and authorize that a final auto payment be charged in order to bring my account current within 30 days of cancelation notice.

Signature \_\_\_\_\_

Please PRINT clearly all information.

**DEBIT CARD** : Is this the primary card that you prefer for payment processing? \_\_\_\_\_

**Account Card Holder's Name** \_\_\_\_\_

**Account # as seen on card** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **3 digit CV # Code** \_\_\_\_\_ **Billing Zip Code** \_\_\_\_\_

**WE ALSO REQUIRE A SECONDARY METHOD DUE TO ANY PROCESSING ERRORS**

**Type: Visa** \_\_\_\_ **Mastercard** \_\_\_\_ **Discover** \_\_\_\_

**Account Card Holder's Name** \_\_\_\_\_

**Account # as seen on card** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **3 digit CV # Code** \_\_\_\_\_ **Billing Zip Code** \_\_\_\_\_

Signature \_\_\_\_\_

Parents / Caregivers, please complete the following information :

Child's first last name \_\_\_\_\_ School \_\_\_\_\_

Parent's email address \_\_\_\_\_

Parent's billing address \_\_\_\_\_

Parent's phone \_\_\_\_\_