



June 2019

Dear Parents,

We welcome you to the 9th year of after-school at PS 290. The cost of the program is \$200 per month, only \$2,000 per year. Payment may be made in cash, money order, or personal check. No credit cards. A minimum attendance of three days a week is requested. Single day attendance is \$25 per day. The program operates from dismissal until 5:30. This year there will be a late fee attached to late pick-ups in order to cover the cost of staff and permit. The fee will be based on the lateness.

Attached you will find an enrollment form for grades PK-5. There are many pages to be completed and we would ask that you complete them carefully. A payment schedule is attached.

In the event you need to contact your child, please call the regular school number, 718-571-6900. Maspeth Town Hall staff will be available through 6:00 in the afternoon or when the last child is picked up.

In the event of an EMERGENCY EVACUATION of the school building, we will re-locate the children to an alternative site, PS 305 located at 360 Seneca Avenue, Ridgewood NY 11385. The telephone number of that site is 718-366-1061.

In the event that a child is not picked up before the end of the program, and is not allowed to travel home on their own, we will hold the child at PS 290 until a parent, guardian or registered adult can pick them up.

Eileen Reilly
Executive Director

Start Date: Monday, September 9, 2019



**Maspeth Town Hall After-School Program at PS 290
Payment Schedule for 2019-2020 School Year**

First monthly payment is due upon submission of the application

Monthly Payments	Payment Due	1 Child Amount Due	2 + Children Amount Due
September	With Application	\$200	\$350
October	October 1, 2019	\$200	\$350
November	November 1, 2019	\$200	\$350
December	December 1, 2019	\$200	\$350
January	January 1, 2020	\$200	\$350
February	February 1, 2020	\$200	\$350
March	March 1, 2020	\$200	\$350
April	April 1, 2020	\$200	\$350
May	May 1, 2020	\$200	\$350
June	June 1, 2020	\$200	\$350

Payment Procedure for 2019-2020 School Year

Payment is due on the 1st day of each month. Payments can be made by cash, check or money order. Credit cards are not accepted. A \$15 fee will be charged for a bounced check, and future payments will only be accepted in cash or by money order.

Payments can be made at PS 290 while the after school program is in session or at Maspeth Town Hall (53-37 72nd Street, Maspeth, NY 11378) from 8:00 am to 6:00 pm.

Each family will receive a statement by email 15 days before the payment due date. If you need assistance creating an email address, please contact Maspeth Town Hall at 718-335-6049 and a staff member will assist you.

If payment is not received by the 10th day of the month, the child(ren) will be removed from the program. Please communicate any special circumstances or needs directly to Maspeth Town Hall.



Office Use Only	
Date Application Received:	
Enrollment Start Date:	
Intake Staff:	
QB/E:	

After School Participant Enrollment Form for PS 290

Participant Information

Participant Last Name:	Participant First Name:	Middle Initial:
Participant Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Nonconforming		Participant's Date of Birth (MM/DD/YEAR):
Participant Primary Address (number and street)		Apt. Number:
City:		Zip Code:
School Attending:	Grade as of September:	
Primary Language Spoken:	English Proficient: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Guardian Information

Name:	Relationship to participant:
Phone Numbers: Home: _____ Cell: _____ Work: _____	
Email Address:	

Name:	Relationship to participant:
Phone Numbers: Home: _____ Cell: _____ Work: _____	
Email Address:	

Do you have other children registered in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list additional children below: Child 1: _____ Child 2: _____ Child 3: _____

Pick-Up Permissions

<input type="checkbox"/> I give permission for my child to walk home alone at dismissal.
Child may be picked up by (other than Parent/Guardian): Name: _____ Relationship to participant: _____ Phone Number: _____ Name: _____ Relationship to participant: _____ Phone Number: _____
Child <u>MAY NOT</u> be picked up by: Name: _____ Relationship to participant: _____ Name: _____ Relationship to participant: _____

Emergency Contact Information

Name:	Relationship to participant:
Phone Numbers: Home: _____ Cell: _____ Work: _____	
Name:	Relationship to participant:
Phone Numbers: Home: _____ Cell: _____ Work: _____	

Participant Health Information

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: _____
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes Uses an inhaler: <input type="checkbox"/> No <input type="checkbox"/> Yes
Does the participant have special health care needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: _____
Does the participant take medication for any condition or illness? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: _____
Are there activities the participant cannot participate in? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: _____
Please provide any additional health information. _____ _____ _____

Consent for Emergency Medical Care

In the event of a medical emergency, I give my consent to the above program to obtain the necessary medical care for my child with the understanding that I will be notified as soon as possible. I understand that every effort will be made to contact me, or, if I am unavailable, the emergency contact(s) listed, before and after medical care is provided.

☐ Yes, I give my permission ☐ No, I do not give permission

_____	_____	_____
Parent/Guardian: Print Name	Parent/Guardian: Signature	Date

Consent to Participate

I certify that all information on this form is true and correct. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participation of the child listed above in this program.

_____	_____	_____
Parent/Guardian: Print Name	Parent/Guardian: Signature	Date



Consent for Photography/Videotaping/Interviewing

I understand that this program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases, they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this program.

I give permission for my child to be photographed or otherwise recorded during events and activities, and for any and all such photographs to be displayed by Maspeth Town Hall, Inc. whether now or hereafter known or developed.

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

Full Name of Participant

Parent/Guardian: Signature

Date