

Before & After School

Shepherd's Gate Registration
 1725 Brentwood Rd. Brentwood N.Y 11717
 Website: www.shepherdsgateacademy.com
 Email: info@shepherdsgateacademy.com

Med Alert__

631-435-3215

Today's Date __/__/2022

Parent/Guardian Bill To (Please Circle)		Parent/Guardian Phone		Fath	Mot
1) Mother's Full Name:		Mothers Employer: _____ Position _____			X
2) Father's Full Name		Work Phone: (631) _____			X
Address:		Fathers Employer: _____ Position _____		X	
City:	ZIP:	Work Phone: (631) _____		X	
Home Phone: (631)		Emergency Phone: (631)		?	?
Work E-Mail:		Mom's Cell Phone:			X
Home E-Mail:		Dad's Cell Phone		X	
School: Private <input type="checkbox"/> DSS Approved <input type="checkbox"/> DSS Applying <input type="checkbox"/> Scholarship <input type="checkbox"/>					

Alternate Contact Names

Name	Phone Number	Relationship	Authorized to Pick up child? Parent Must Initial
Physician:		Addr:	

Child's Name (print clearly)	Age	Gender M / F	DOB M/D/YYYY	Grade	Before/After School Care		Start Date mm/dd/y
					Before School 6:30 - 8:30	After Sch. 3 - 5:30 PM	
1)					<input type="checkbox"/>	<input type="checkbox"/>	
2)					<input type="checkbox"/>	<input type="checkbox"/>	
3)					<input type="checkbox"/>	<input type="checkbox"/>	
DSS Case Worker Name:				Phone: (631) _____		Start Date:	
DSS Case Number:				Parent Fee, weekly: \$ _____		End Date:	

I _____ The parent of _____ have reviewed Shepherd's Gate Payment Policy and I agree to the terms specified.
 _____ Signature _____ Date

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Office Use Only Childcare Services	Due	Paid	Tuition Due		Date Due	IMPORTANT NOTICE Contract period is 10 months, Sept.-June. The monthly fee for childcare will be the same every month. <u>NO Credit</u> for weeks or days not attended. An additional fee for family requested half and/or full day childcare will be added to your monthly amount due.
			monthly	yearly		
Non-Refundable registration Fee (\$75/child) ¹	\$ 75/child					
After School Care only	\$		\$250			
Before School Care only	\$		\$150			
Before and after School Care	\$		\$300			
Late Pickup before 5:30-6:30 PM	\$		\$50.			
Total Due Before 1st day:	\$					

Statement of Cooperation

It is my understanding that the policy for Shepherd's Gate is to make no refunds on registration fees. I give Shepherd's Gate permission for my child to take part in all school activities, including bus trips, sports activities and school-sponsored trips away from the school premises. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child be taken against Shepherd's Gate or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Shepherd's Gate or its agent should incur to defend itself against such action.

This Statement of Cooperation will be in effect for as long as my children listed (or others to be enrolled) attend Shepherd's Gate whether it be Summer Camp, Pre-Kindergarten, Kindergarten or before/after school care.

I understand that should my marital status change that it is my responsibility to have a corrected Statement of Cooperation signed and updated and delivered to Shepherd's Gate. Shepherd's Gate admits children of any race, color, religion, and national or ethnic origin.

Mother _____ Father _____

Guardian _____ Date: _____

Medical Alert:

Does your child have allergies? If yes, to what? Milk, eggs, bee sting, peanuts, etc? What precautions should be observed?

Is your child on daily medication? If yes, describe medication and regimen (Ritalin, insulin, etc.). Fully describe in writing any physical or emotional limitations.

Medical Emergency: In case of injury or illness to my child, if I cannot be contacted, I hereby grant Shepherd's Gate permission to seek and apply medical aid appropriate to prudent care.

Please Circle & Initial Yes No _____ I give permission for pictures to be taken for use by Shepherd's Gate to be displayed in yearbooks, brochures and website purposes, not to be shared with any outside organization.

If parents are separated or divorced, with whom does the child live? _____ Today's Date: _____

Parent Signature: _____

SG Signature _____

Transportation Agreement

I, _____, give permission for my child care provider, or any approved
(Name of parent)

employee of the above program, to transport my child(ren) _____
(Name(s) of child(ren))

for the following reasons (Initial all that apply):

_____ Emergency purposes

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. The caregiver will notify me in advance of any instance where my child(ren) will be transported while in care.

(Parent or Guardian)

(Date)

Sunscreen Permission

The child care provider or her substitutes have my permission to apply sunscreen to my child _____, as needed. I understand I am still responsible for sending my child with both already applied daily.

My signature below signifies that I am aware of and agree with the provider's policy of applying sunscreen as needed, and that I am still responsible for applying both to my child prior to drop off every day during the months needed.

(Parent or Guardian)

(Date)

(Office Personnel)

(Date)

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*Save Time * Save Money * Save Paper*

Before & After School Payment Policy

***Please Note* We Are On A Paperless Billing System**

As we celebrate another wonderful year, we would like to take this opportunity to thank you for allowing us to serve your family. There will not be an increase in our tuition this year, but we are making a few changes to our payment policy in an effort to remain at the same low tuition as previous years and still provide the highest quality childcare. We thank you and are looking forward to another amazing year.

Changes to Our Billing Policy:

We are proud to announce that this year, we will be utilizing an accounts receivable program offered through Procure that will enable parents to use a safe and secure method to pay tuition. Tuition payments can automatically be withdrawn from either their checking account or credit card. Monthly tuition is due at the **beginning** of every month not later than the 5th. Therefore the automatic withdrawal will be taken out between the 1st and the 5th of the month. We are requesting one month of tuition be paid in advance for families that would not like to participate in the automatic withdrawal program. This advance payment would be applied to the last month of childcare.

Any balance still outstanding after the 5th of the month will result in a \$25 late fee automatically added to their account balance. If an account is still not at a zero balance by the 15th of the month, childcare services will be automatically suspended. We will send a note to your child's school and Brentwood School Bus Transportation notifying them of this suspension. Reinstatement to childcare services will be permitted only after a \$50 Re-Instatement fee is added to your balance and a full payment for the tuition due. A fee of \$25 will be added to your account if a check is returned for insufficient funds.

Reservations for full or half day childcare (dictated by school early or unexpected closings) must be made and fully paid in advance not later the 5th of every month. The fee for half day care is \$15. Fees for late pickup after 6 PM (or 6:30 PM if extended hours are prearranged) will be posted to your account each week and must be paid for the following Monday.

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Monthly Tuition Fees

Service Provided	Monthly Fee	Time Provided
Before School	\$150	6:30 AM until Pickup by school bus
After School	\$250	Drop-off by school bus until 6 PM
Before and After School	\$300	6:30 AM until pickup by school bus and drop-off by school bus until 6 PM
Extended hours per family	\$50	Pickup extended until 5:30-6:30 PM
Late pickup (after 5:30 PM -6:30 PM if extended hours are prearranged) will be calculated at a rate of \$1.00 per minute late.		

Account questions: If you have any questions or concerns about your tuition payment you may contact the billing department (631) 435-3215. Any deviation from the above policy statements must be in writing.

(Special payments or account information may be discussed on Monday- Friday from 10 AM - 4 PM or you can e-mail your request for information to info@shepherdsgateacademy.com)

Payments can be made in the form of cash, check, credit card, money order or certified check.

No Credit for child absence, vacation, or school closings.

All Withdrawals from the program must be submitted to the office in writing and there will be NO credit will be given for partial month

Shepherd's Gate provides your children with free transportation to and from school, homework assistance, supper, and access to many cultural and entertaining experiences, all in a safe, healthy environment. We also have choir, dance classes, sports, game room, monthly themes that are enrichment to our community. We offer a beautiful facility for your children and loving and caring Counselors and administrators that acknowledge that your child is the most important person in the world to you and us.

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Shepherd's Gate Academy Before and After school Care
1725 Brentwood Rd
Brentwood NY 11717
(631)-435-3215-Office
(631)-435-0502- Fax
www.sgbac.org
**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20 _____

NAME OF SCHOOL Shepherd's Gate Academy GRADE _____ HOMEROOM _____

NAME OF CHILD			DATE OF BIRTH	SEX
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Last			First	Middle

ADDRESS

No. and Street City or Post Office Borough or Township County State Zip Code

**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, and Year Each Immunization Was Given					BOOSTERS & DATES
	DOSES					
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, Td	1 / /	2 / /	3 / /	4 / /	5 / /	
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /	
Measles, Mumps, Rubella	1 / /	2 / /				
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /	
HIB	1 / /	2 / /	3 / /	4 / /	5 / /	
Varicella	1 / /	2 / /				Varicella Disease or Lab Evidence Date: _____
Other _____						

- MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on. _____ Date

Result of Diagnostic Studies: _____ Date

Preventive Anti-Tuberculosis - Chemotherapy ordered. No Yes _____ Date

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Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination (✓)

	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

_____ Date of Examination

_____ Signature of Examiner

_____ Print Name of Examiner

_____ Address

_____ Telephone Number

BRENTWOOD PUBLIC SCHOOLS
Brentwood, New York

Transportation Department

BABY SITTER REQUEST FORM

Requests for change in transportation for babysitting purposes, childcare, and/or after school care in Shepherd's Gate programs will be accommodated under the following District Guidelines:

- A. Sitter MUST be in school attendance zone.
- B. Seats must be available on requested bus.
- C. Requests are for full week: no partial week will be honored.
- D. Only one (1) sitter request per year.

STUDENT INFORMATION

Child's Name _____
Address _____
Home Phone # _____
Parent's Day Phone # _____
Grade/Date of Birth _____
Assigned School _____
School Year _____

SITTER INFORMATION

Babysitter's Name: *Shepherd's Gate*
Babysitter's Address: *1725 Brentwood Road*
Babysitter's Phone: *(631) 435-3215*
Relationship: *Childcare Provider*

A.M. ONLY _____

P.M. ONLY _____

A.M. & P.M. _____

Parent/Guardian Signature

RETURN COMPLETED FORM TO:

Transportation Office
Felicio Administration Bldg.
Third Avenue
Brentwood, New York 11717