



**Iglesia De Dios Central Church  
85 Dickson Street  
Newburgh, NY 12550**

Phone Number: **845-406-9143**  
Fax Number: **845-637-3200**

**[www.sensationalkidsprogram.com](http://www.sensationalkidsprogram.com)**

**Welcome to the Sensational Kids Program. Thank you for choosing to register your child with us. The purpose of our program is to provide a fun, warm environment that promotes healthy friendships, positive role models and an opportunity for each child to grow.**

The Registration Packet contains helpful information that explains the fees, sessions and policies that will promote a safe and healthy experience for each and every child.

**Before/Afterschool Details:**

- Early as 6:00 a.m. drop off and late as 8:00 p.m. pick up
- We provide pick up & drop off to & from school for extra an \$75/month
- For children ages 4-12.
- \$25 for ½ days for Newburgh School District:
- 10/17,10/31, 11/7, 12/13, 1/30, 3/1, 4/10, 5/15, 6/6/, 6/21
- Early release (due to weather) and 2 hour delays - care provided and included in fee
- Phone Number: **845-406-9143** Fax Number: **845-637-3200**
- School Holidays care provided at a daily rate of \$40 for a 9-5 day
- Sliding Scale rates based on free and reduced lunch
- Website: [www.sensationalkidsprogram.com](http://www.sensationalkidsprogram.com)

**Rates:**

- **No Registration Fee** if you register by August 25, 2017
- After August 25, registration fee is \$50/child (\$100/family cap)



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## Important Information

- Payments are due on the 24<sup>th</sup> of every month: August 24, 2017 first payment is due.
- All early releases (due to weather) included in monthly fee.
- If 2-hour delay turns into no school then it is included in the monthly fee.
- There are reduced fees for families qualifying for free lunch or reduced lunch.
- The Sensational Program operates under a license from the OCFS which oversees and regulates childcare programs.
- Before starting any program; all children are *required* to have a completed application on file including their medical history and immunizations.
- Early drop off and late pick up options are available for an extra fee.
- **There are no refunds.**
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We ask all parents to go over this code of conduct with enrolled children. We place a high importance on all students treating others in a positive, respectful way. We follow a progressive discipline philosophy and will bring the parent in early in the process.

## **Sensational Kids Program Code of Conduct**

- Respect peers and their personal belongings by not picking on or making fun of others instigating verbal or physical fights going into and/or taking what does not belong to you.
- Understand that safety procedures are to be treated with utmost importance.
- Be respectful, honest and kind. Use positive language, be gracious competitors, show good sports etiquette and share
- Be considerate to others and to the environment by cleaning up after yourselves.
- Every child will respect their fellow peers and be considerate of their privacy
- In a group situation, please no talking while someone else is speaking, always raise your hand if you have something to contribute and use inside voices indoors.
- Follow the program staff directions, if you do not understand, ask questions!!!
- No violence, throwing things, rough housing, profanity or demeaning language.
- Carry out the philosophy of the Sensational Summer Camp which promotes respect and responsibility

### **Consequences of not following code**

The Director will determine disciplinary action after staff report incidents. Consequences may include (1) a gentle reminder (2) a few minutes aside from group activity (3) call guardian and leave for the day (4) child will be removed from the program with no refund.

Sensational Kids Program 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 include but are not limited to: (1) intentionally hurting another child (2) stealing (3) refusing to comply with a safety directive (4) violence, etc.



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## Sensational Kids Registration

1. Child's Name \_\_\_\_\_

Nickname \_\_\_\_\_

(Age on 9/1) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M or F) \_\_\_\_\_

Start Date \_\_\_\_\_

2. Child's Name \_\_\_\_\_

Nickname \_\_\_\_\_

(Age on 9/1) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M or F) \_\_\_\_\_

Start Date \_\_\_\_\_

3. Child's Name \_\_\_\_\_

Nickname \_\_\_\_\_

(Age on 9/1) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M or F) \_\_\_\_\_

Start Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_



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I grant permission to use photographs of my child taken at the Sensational Kids Program for publicity purposes **PLEASE INITIAL HERE** \_\_\_\_\_.

Next, tell us who you authorize to pick up your child. **Please note: we will not release your child to anyone not listed below.** Also if the person who is authorized to pick up your child 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 \_\_\_\_\_

Let us know that you agree with our (1) rules and regulations (2) code of conduct and (3) progressive discipline action plan.

I \_\_\_\_\_ (parent/guardian name) have read the (1) rules & regulations (2) code of conduct and (3) progressive discipline action plan and agree with them. **PLEASE INITIAL HERE** \_\_\_\_\_.

I, for myself and anyone entitled to act on my behalf, waive and release the Sensational Kids Program and its representatives from all claims and liabilities of any kind arising out of participation in this program or related activities.

**PLEASE SIGN HERE** \_\_\_\_\_  
Parent/Guardian's Signature Date

I \_\_\_\_\_ child(ren)'s name(s) understand that hitting, using rude language or being mean to others is not allowed in the Camp Program. I understand if I do any of those my parent (s) will be called and I could be expelled.

\_\_\_\_\_  
Child (ren)'s signature(s) Date



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Although medical situations are rare and those that do occur are most often solved with a band aid we need to be prepared for any and every possible contingency.

## MEDICAL AUTHORIZATION

In the event of serious illness or injury, I authorize the Sensational Kids Program Staff to obtain the 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 Name \_\_\_\_\_

Hospital insurance carrier \_\_\_\_\_

**Child's Physician** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**If guardian cannot be reached, list contact numbers to be used.**

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

Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Tel. \_\_\_\_\_

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

Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Tel. \_\_\_\_\_

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

**PLEASE SIGN HERE** \_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



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## Medical History

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

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

1. Has your child been under any medical care within the last year? If yes, why?  
\_\_\_\_\_

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

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

3. Is your child allergic to penicillin or any other drugs? Y or N If yes, please list \_\_\_\_\_

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

5. Are there any current conditions that the staff should be aware of? \_\_\_\_\_

6. 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 \_\_\_\_\_

7. Does your child suffer from:

_____ lung problems	_____ kidney problems	_____ heart problems
_____ hernia	_____ epilepsy	_____ allergic reaction to bee stings

\_\_\_\_\_ other allergies, explain \_\_\_\_\_

8. Can we administer over the counter ointment like polysporin on your child if necessary? Y or N

9. **Please note: we are not authorized to administer any medications except epi-pens and inhalers with a pre-approved personal health plan. We are permitted to administer OTC ointments.**

PLEASE SIGN HERE \_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_ Date



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

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

OCFS-LDSS-0792 (1/2005) FRONT

	NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES <i>DAY CARE REGISTRATION</i>			
	<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				
	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD	OTHER TELEPHONE NUMBER (Check

Please use additional sheets for siblings





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

Provider/ Day Care Facility Name and Address:  <b>Sensational          Kids          Program</b>  Location:  <b>85 Dickson St.          Newburgh, NY          12550</b>	<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:	DATE OF DISCHARGE:	
	NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent <input type="checkbox"/> <input type="checkbox"/> Guardian	HOME TELEPHONE NUMBER:
			DAYTIME TELEPHONE NUMBER:
	<input type="checkbox"/> Caretaker <input type="checkbox"/>		
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):		
	<b>AGREEMENTS</b>		
	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  <input type="checkbox"/> 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>	



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## REGISTRATION FEE

Register after August 25, registration fee is \$50/child (\$100/family cap)

Student's Name \_\_\_\_\_ (Age) \_\_\_\_\_ Gender (M or F) \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Calculate the tuition

#### Monthly Morning Charges

Regular: \$175 =

\_\_\_\_\_

Reduced Lunch: \$155 =

\_\_\_\_\_

Free Lunch: \$135 =

\_\_\_\_\_

### Calculate extended Morning options fees: (Not discounted)

6:00 AM Drop off (Monthly) (+\$75.00)

**Total Morning Fee for student: \$\_\_\_\_\_**

#### Monthly Evening Charges

Regular: \$275 =

\_\_\_\_\_

Reduced Lunch: \$250 =

\_\_\_\_\_

Free Lunch: \$230 =

\_\_\_\_\_



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**Calculate extended Evening options fees: (Not discounted)**

Pick Up/Drop off from School	<u>(+\$75.00)</u>
7 PM Pick Up	<u>(+\$75.00)</u>
8 PM Pick Up	<u>(+\$120.00)</u>

**Total Evening Fee for student: \$ \_\_\_\_\_**

<b>Registration Fee</b> (Before August 25 <sup>th</sup> ):	<b>\$ 0.00</b>
(After August 25 <sup>th</sup> )	\$ 50.00

**Total Monthly Fee for Student: \$ \_\_\_\_\_**

**Morning AND Afternoon 10% Discount: \$ \_\_\_\_\_**



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## Registration Checklist

- Payment** (Please make all checks out to Sensational Kids Program and make sure on the memo line to write your child(s) name(s).
- Immunization**
- Free Lunch Letter**
- Press Permission**
- Bus Information**
- Medical Information**

## Contact Information

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