

**ABIDING PRESENCE PRESCHOOL**  
 4 Trescott Path, Fort Salonga, NY 11768  
 (631) 269-4898  
 aplcpreschool@gmail.com  
 www.abidingpresencepreschool.com



For Office Use only:  
 \$100 Application Fee \_\_\_\_\_  
 Rec'd Date \_\_\_\_\_  
 Ref. No. \_\_\_\_\_ ECC \_\_\_\_\_  
 Birth Cert \_\_\_\_\_ Med \_\_\_\_\_  
 Pymnt Agmnt \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION For SACC BEFORE/AFTER CARE PROGRAM 2018-2019

**CHILD'S HOUSEHOLD INFORMATION:** (Please Print) *Please complete additional application[s] for more than one child.*

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_  
Last First M.I.

**Secondary Household Information (if applicable):**

Address \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_  
 Home Email \_\_\_\_\_ Alt. Email \_\_\_\_\_

School child attends: \_\_\_\_\_

**FAMILY INFORMATION:**

Marital Status: Married\_\_\_ Divorced\_\_\_ Separated\_\_\_ Legal Guardian\_\_\_ Single\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Alternate Phone (cell): \_\_\_\_\_ Alternate Phone (cell): \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Business Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

**CHILD'S PERSONAL INFORMATION:**

Preferred Name: \_\_\_\_\_  
 Does your child speak English proficiently? Yes \_\_\_ No \_\_\_  
 What other language does your child speak?  
 \_\_\_\_\_  
 List Allergies/Medical Conditions:  
 \_\_\_\_\_  
 Does your child have an EPIpen? Yes \_\_\_ No \_\_\_

**RATE: see attached monthly rates based on weekly hours.**

Payment is due by the first of the month. A late fee of \$25 will be charged for payments not made by the 6<sup>th</sup> of the month.

Earliest drop-off: 6:30am Latest pick-up: 6:00pm			
Please estimate the days and times your child[ren] will be attending:	<i>day</i>	<i>morning drop-off</i>	<i>afternoon pick-up</i>
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

**Transportation arrangements are the responsibility of the child's parents:  
 KPCSD Website: Fill out a Child Care Request Form & fax to: (631)269-2192**

\* Should your child be sick or plans change and your child will not be in attendance at our program, a parent must notify Abiding Presence via email prior to usual arrival time.

I give permission for my child's picture to appear in brochures, publications, website, etc.

(Names of children are not published along with pictures. School events are photographed for marketing and publicity purposes.)

yes  no

\_\_\_\_\_  
Parent Signature

**BIRTH CERTIFICATE ~ or ~ PASSPORT:** A legible copy of the child's proof of birth date must be submitted with this application for all children new to our program.

**EMERGENCY CONTACT CARD:** An Abiding Presence Emergency Contact Card with person[s] available for emergency pick-up is required prior to attendance on first day. Form provided by our office.

**Valid MEDICAL EXAM and Record of IMMUNIZATIONS:** Required for entrance on first day of school.

Abiding Presence Preschool grants to students of any race, color, religion, national and ethnic origin all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, nationality, or ethnic origin in administration of its educational policies, admissions policies or other school administered programs. The school reserves the right to make appropriate and necessary changes in staffing, class configurations, classroom locations, and student placement as needed.

I hereby certify that the information I have provided above is accurate. It is my intent to support the staff of Abiding Presence School-Age Care Program in working with my child. I understand that the \$100 application fee is non-refundable and a fee may be charged if I make more than one monthly program change.

Payment is due on the first of the month. If the 1<sup>st</sup> falls on a weekend, payment is due the next day school is in session. A late fee of \$25 will be applied after the 6<sup>th</sup> of the month. A Returned Check Fee of \$17 will be charged for returned checks. I understand these procedures and agree to fulfill my financial obligations to Abiding Presence. We accept cash or a check made payable to: Abiding Presence Preschool.

Person(s) responsible for tuition payments: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**How did you hear about Abiding Presence School Age Before and After Care Program?**

Currently/Formerly Enrolled \_\_\_\_\_ Parent of child attending \_\_\_\_\_ Friend \_\_\_\_\_ Advertisement \_\_\_\_\_

Local School \_\_\_\_\_ Church \_\_\_\_\_ Web Site \_\_\_\_\_ Face-Book \_\_\_\_\_ In Neighborhood/Passing By \_\_\_\_\_

Other/Comments \_\_\_\_\_

*Abiding Presence Preschool and School-Age Before & After Care Program is licensed by the New York State Office of Children and Family Services. Our facility meets all necessary requirements. All staff are cleared, certified, and trained according to OCFS Licensing Regulations.*