

SARANAC CENTRAL PALS INC. AFTER-SCHOOL PROGRAM

P.O. Box 96 Morrisonville, NY 12962 • SES 565-5901 / MES 565-5974 1:30 pm-5:00 pm • info@saranacpals.org

2026 – 2027 Registration Form

Child's Name: _____ Age: _____ DOB: _____

School Attending: _____ Grade Entering: _____ Returning to the Program: Yes or No

Preferred Site: _____ If Site is Full? _____ Waiting List: Yes or No Bus to Other Site: Yes or No

Home Address: _____

Mailing Address: _____

Primary Phone: _____ Email (required for billing): _____

Child's Physician: _____ Phone: _____

DO YOU GIVE YOUR PERMISSION FOR YOUR CHILD TO RECEIVE EMERGENCY TREATMENT AT CVPH IN THE EVENT OF AN EMERGENCY? Yes or No Parent/Guardian

Initials _____

Does your child have any of the following: Special dietary restrictions? _____

Food or drug allergy? _____ Physical limitations? _____

Medications daily? _____ Other? _____

Parent/Guardian: _____ work # _____ cell# _____

Work place: _____ Email: _____

Parent/Guardian: _____ work # _____ cell# _____

Work place: _____ Email: _____

EMERGENCY CONTACTS IF PARENTS ARE UNAVAILABLE (give name, relationship & phone #) IF THERE IS A STEP-PARENT PLEASE INDICATE YOUR PREFERENCES OF EMERGENCY CONTACTS AND ANY RESTRICTIONS FOR PICKING YOUR CHILD UP FROM THE PROGRAM. _____

PERMISSION TO PICK UP YOUR CHILD IS GRANTED TO THE FOLLOWING:

(Person MUST present proper Identification)

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

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Check boxes below to indicate if your child has any special needs/services: ☐None

☐Early Intervention/Special Education ☐Occupational Therapy ☐Speech/Language ☐Physical Therapy

☐Allergies (Please list) _____

☐Other:_____

AGREEMENTS

- I consent for my child to take part in neighborhood trips (i.e., library, park, other PALS site and playground) away from the program under proper supervision ☐ Yes ☐ No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips ☐ Yes ☐ No
- I provided information on my child's special needs to the program to assist in caring for my child. ☐ Yes ☐ No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation. ☐ Yes ☐ No
- I agree to review and update this information whenever a change occurs and at least once every year.
☐ Yes ☐ No

Parent/Guardian Signature: _____ Date:_____

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2026 - 2027 Registration Contract

Person Registering Child: _____ Relationship: _____

Child(ren): _____

I have agreed to enroll my child(ren) in the Saranac Central PALS After-School Program. I understand that in order to have the application reviewed for acceptance into the program, I must pay an annual registration fee and two weeks childcare fees in advance. In the future, the two-week advance can be applied to the last two weeks of childcare, carried over as my two-week advance next year; or refunded to me at the end of the school year. The annual **registration fee is \$20 for one child and \$25 for multiple children**. The annual registration fee is **non-refundable**. No child will be considered enrolled unless the annual registration fee and the two-week advance have been paid. In the event the program is filled when my paperwork is submitted, all money will be returned to me.

PALS operates from dismissal to 5:00 pm, when school is in session. **If a child is not picked up by 5:00 pm, a late fee of \$5.00 will be charged in 15 mins. increments past 5:00 pm.** Every effort will be made to contact the parents and/or additional individuals listed on the registration form. In the event, no contact has been made and no one has arrived by 6:00 pm, the situation will be considered an emergency and the State Police will be contacted.

Current rates are \$95 a week for one child and \$75 for each additional child. A \$10 late payment fee* will be charged for any outstanding balances beyond 2 weeks. Non-payment can result in your child(ren) being removed from the program. *Our late payment policies are currently under review.

PAYMENT IS EXPECTED IF YOUR CHILD IS ABSENT FROM SCHOOL. FEES WILL BE ADJUSTED ONLY FOR SCHOOL HOLIDAYS AND EMERGENCY DAYS THAT ARE NOT REMOTE. NO EXCEPTIONS. IN THE EVENT THAT THE SCHOOL GOES REMOTE, PARENTS ARE RESPONSIBLE FOR UP TO ONE CONSECUTIVE WEEK OF FEES. AFTER ONE CONSECUTIVE WEEK, PALS WILL ADJUST THE FEES AND PARENTS WILL NOT BE RESPONSIBLE FOR PAYMENT. PARENTS ARE STILL REQUIRED TO PAY WEEKLY FEES DURING A QUARANTINE. PAYMENT IS EXPECTED WEEKLY. YOU WILL RECEIVE YOUR WEEKLY BILL BY EMAIL AND CAN PAY BY CREDIT CARD, DEBIT CARD or ACH. WE NO LONGER EXCEPT CASH.

Registration Fee _____ (\$20 for 1 child, \$25 for multiple)

+ Two-Week Advance _____ (\$190 for 1 child, \$150 for each additional child)

- Any Money Being Rolled Over _____ (Returning families have this option)

= Total Amount Due _____

By signing below, you agree to all the terms stated above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*****PROGRAM USE ONLY*****

Child accepted: Yes / No Site _____ \$ _____ Received Check # _____

Date _____ Executive Director Signature _____