

FESTAVILLE LLC

SACC AFTER SCHOOL Registration Form 2023-2024

I wish to Register my child for:

A) Full-Time Enrollment: _____

B) Part-Time Enrollment: Circle Day(s): M, T, W, Th, F

Location (Circle One):

A) CONGERS

B) FELIX FESTA MS

| | | | |
|--|--|---------------------------|--------|
| Child's Full Name: | | School and Grade in Sept: | |
| Nick-Name: | | | |
| T-Shirt Size: | | | |
| Gender: | | Male | Female |
| Does your child have any allergies? | | Yes | No |
| If yes, what is your child allergic to? | | | |
| If your child has any special health care needs please discuss with FestaVille Staff | | | |
| Child's Primary Care Physician's Name: | | Telephone: | |
| Child's Dentist's name: | | Telephone: | |
| Name of Medical Care Facility/Hospital: | | Telephone: | |

Emergency Contact Information: Designated Pick Up #1 is your PRIMARY DAILY PICK UP PERSON

| <u>Contact Name:</u> | <u>Relationship:</u> | <u>Cell Phone:</u> | <u>Home Phone:</u> |
|----------------------|----------------------|--------------------|--------------------|
| *1) | | | |
| 2) | | | |
| 3) | | | |

Family Information:

| | |
|--------------------------------------|------------------------|
| <u>Name of Parent(s)/Guardian(s)</u> | <u>Email:</u> |
| <u>Home Address:</u> | <u>Home Telephone:</u> |
| | <u>Cell Phone:</u> |

| | |
|--|--------------|
| <u>Child's Date of Birth:</u> | |
| <p style="text-align: center;"><u>Agreements: Circle YES or NO for each of the below items</u></p> <p>By signing below, I agree to the enrollment of the child listed above in this program and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the program, and the Office of Children and Family Services regulations under which it operates.</p> <p>1) I give consent for my child to take part in program trips away from the facility under proper supervision: YES NO</p> <p>2) In case of an 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 above) necessary for the proper health and well-being of my child: YES NO</p> <p>3) 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: YES NO</p> <p>4) I agree to inform the program of any changes to the emergency information given on this form: YES NO</p> <p>5) I agree to the use of photographic and video content taken at FestaVille of my child to be used on the FestaVille web page, FestaVille FaceBook page, FestaVille Instagram page, or any combination of the above (No names will be used): YES NO</p> <p>6) I have read and agree to the terms of the contract listed below: YES NO</p> | |
| <u>Signature of Parent/Guardian:</u> | <u>Date:</u> |

****Please complete the first two pages of the registration above **and** the interest survey below, and **email** it to: festaville@gmail.com and send in your registration fee via Zelle to this email address.**

FestaVille LLC

Child's Name: _____

Date: _____

Student Interests Questionnaire:

1. Are there any academic areas that you would like us to work on with your child?
2. What is your child's reading level (If you know it)?
3. When is your child's birthday?
4. What is your child's favorite place to go to or visit?
5. What is your child's favorite thing to do? Learn about?
6. Does your child have a unique skill or talent? Explain.
7. Does your child play a sport? If yes, what one(s)?
8. Does your child play an instrument? If yes, what one(s)?
9. What are two of your child's favorite TV shows? Movies?
10. Who is your child's favorite actor/actress?
11. What is your child's favorite food?
12. What is your child's favorite dessert?
13. What apps does your child like to play/do on an ipad/iphone?
14. What are two of your child's favorite musicians?
15. Does your child have any brothers or sisters? How many? How old?
16. Does your child have any pets? If so, what are they and what are their names?

After-School Contract Information:

This is an agreement between you (The Parent/Guardian) and **FestaVille LLC** (Supervisor).

The purpose of the after school supervision program is to provide a safe and educational setting for homework completion and after school supervision of children **GRADES K-8**.

Effective Dates: First day of school to Last **FULL** day of school

Frequency of Meetings: Full-Time Students: Monday-Friday. **Part-Time Students:** Specify days needed on bottom section of contract.

Duration of supervision session: End of school day-6:00pm. Elementary children will be bused from their elementary school to FestaVille after school. Children may be picked up at any time within the program's time allotment, but must be signed out by parent or designated pick up person.

***FestaVille LLC** after school supervision program will be closed when the school closes due to inclement weather or any other circumstance, during school vacations, early release days, and professional development days. Parent is responsible for help and alternate afterschool supervision on such days. End of the year ½ days **may be** provided on an **additional per diem rate** based on enrollment and need.

Type of Supervision: Group Supervision **Location:** FFMS Cafeteria Rooms B110 & B109 OR CLC Building in Congers

Supervisor's definition of supervision: Children will be provided with a safe location, supervised by certified teachers and teaching assistants, where they will complete classwork, study, read, meet new friends, receive assistance with classwork from teachers, use iPad's to do research or work, utilize the computer lab, obtain snacks and drinks from vending machines, and have access to school restrooms.

1. Purpose, Goals, and Objectives of FestaVille LLC After School Supervision Program:

- a. To provide a safe environment as an alternative to going home alone;
- b. To promote new friendships by meeting and working with new students;
- c. To have an environment where students can primarily focus on reading, homework, studying, and socialization.
- d. To provide a snack and drink (via vending machines located on premises at separate cost to students).

2. Context and Content of Supervision:

- a. The content of supervision will focus on student completion of classroom work requirements, friendly interactions among peers, teacher assistance with work related issues, teacher guidance with school related problems, and interactive play with educational games.
- b. An attendance record form will be used to document student attendance and parent sign out at time of pickup of each supervisory session. Feedback may be provided at the close of each session upon parent pickup.

3. Rights and Responsibilities of both parties

a. FestaVille LLC. Rights

1. To place students into appropriate groups based on grade, ability, subject being studied.
2. To remove students from the program for inappropriate behavior (Balance of remaining monthly fee to be refunded upon removal from program).
3. To charge the parents of the student enrolled in the afterschool program **a late fee** of \$20 per half hour past scheduled pick up time of 6:00 pm. Any part of the half hour overage will be considered a half an hour late, and charged the \$20 late fee.
4. To permanently remove any student from the afterschool program after **THREE** late pickups (Balance of remaining monthly fee to be refunded upon removal from program).

b. FestaVille LLC. Responsibilities

1. To uphold ethical guidelines and professional standards in dealing with parents and students.
2. To make sure the supervision sessions occur as scheduled and to keep an accurate record of the student attendance as well as parent pickups.
3. To maintain supervision files containing records, information, and other documents relating to the afterschool program and any behavioral and discipline issues.
4. To uphold rules and procedures related to the afterschool program.
5. To deal with behavior problems as they impact the program's performance.

c. Parent and Student Rights:

1. To a set and scheduled time in a safe location with certified teachers and teaching assistants.
2. To a supervising teacher's attention, ideas, and guidance and homework knowledge.
3. To receive feedback where necessary.
4. To ask questions related to school related work and school issues.

aa. Parent and Student Responsibilities:

1. To have appropriate school related work, study and reading materials, or other acceptable educational materials at the after school supervisory program at all times.
2. To contact supervisor or designated contact person in cases of emergency **AND** if your child will be absent from FestaVille.
3. To sign in at beginning of program time and have parent or contact person sign students out at pickup time daily.
4. To follow supervisor directives in program rules and procedures.
5. Parents need to pick up students on time according to the program's schedule and guidelines.

4. FestaVille LLC. Program Considerations:

1. To discuss issues of conflict and behavior issues in abiding by the guidelines outlined in this contract.

2. In the event of an emergency, supervisor to contact parent. If parent not available, then supervisor will contact emergency contact person in order provided by parent.

5. FestaVille LLC. Program Cost and Payment Options:

***Contractual Agreement as to monthly rate for program:**

A. Full-Time Enrollment (5 days a week): \$390 per month

B. Part-Time Enrollment (Please specify days on last page of contract): Rate of \$35/day

Pay by **CHECK** made payable to: **FestaVille LLC.** or with an online payment using **ZELLE**. Use FestaVille@gmail.com on ZELLE to make payments.

***Please note:** An initial non-refundable **deposit of \$100.00** is required to **reserve a spot** for your child. **Registration is done on a first-come, first-serve basis.**

***The initial deposit of \$100.00 should be completed online via Zelle**

A **10% discount** on monthly rate will be offered for **each additional family member** enrolled. Payments are required on the **first of each month or the first meeting date of each month**. A payment made **past the 15th of the month** will be considered late and a **late fee of \$15** will be charged for late payments or returned checks.

****This contract is subject to revision at any time by FestaVille LLC.** without consent from parent. However, participants in the program will be notified of any such changes or revisions to this contract.

We agree, to the best of our ability, to uphold the guidelines specified in this program contract and to manage the working relationship and achievement process.

FestaVille LLC After School Enrichment Program

Directors: Greg Mikesch and Debra Mikesch

Email: FestaVille@gmail.com