

Catharine Street Community Center

After School Program

First (1st) – Third (3rd) Grades

ABOUT THE PROGRAM

Catharine Street Community Center (CSCC) provides children 1st-3rd grade with a safe environment supported by professional and caring staff. At CSCC children are strongly encouraged to engage in school readiness and homework preparation activities to ensure academic success. A designated, supervised area for homework is available. Children participating in our After School Program are transported daily from the City of Poughkeepsie Schools to CSCC. Children residing outside of the local school district, utilizing personal modes of transportation are most welcome to participate in our Program. CSCC's after school activities commence at school dismissal Monday through Friday. Upon arrival at CSCC, children are provided a nutritious snack and organized into small groups according to grade (max. 10:1 child: adult). At CSCC, your child will benefit from thematic/project-centered planned activities, designed to strengthen core subjects i.e., **Math:** money management, weights & measure; **Reading & Language Arts:** computer/media-literacy, cultural competency, healthy living, careers and life skills. **Creative Activities:** including music, visual arts and crafts, drama and performing arts to promote children's personal development and self expression. **Recreational Activities:** provides the opportunity for each child to select during "free" time, indoor and outside games and other activities to encourage physical fitness and development. "Fun Friday" consists of activities planned to stimulate creativity and learning: special presentations from guest musicians and authors, special events and menu planning, Young Chefs' cooking lessons, visits to local museums and walking tours of historic landmarks and attractions.

ENROLLMENT

At the time of registration, you will need:

- A completed application
- A copy of a recent physical exam, report
- Immunization records
- An approval form from DCFS/DSS or the enrollment fees

A one (1) week non-refundable fee/deposit and the 1st week's fee are required. Your deposit will be credited towards the last week of participation in CSCC's Program.

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School Dismissal – 6:30 PM.

CSCC provides private transportation from the City of Poughkeepsie Schools.

SCOPE OF SERVICES

- Supervised “Free” Time, Indoor/Outside Activities
- Nutritious Snack
- Homework Assistance
- Thematic Project Centered Activities
designed to strengthen communication, reading, writing, math,
computer/media literacy & life skills
- “Fun Friday” young chefs, guest presenters etc.
- 6:30 PM Pick up by parent/guardian

Catharine Street Community Center
All Programs
Policy*Fees*Rates

Refund Policy

Full refunds are available during the first week of the Program/or fist week of attendance. Days attended, if any, during the first week will be deducted from the refund.

Fees

With advance approval, we are pleased to accept families sponsored by the Department of Children & Family Services, Department of Social Services & other agencies and organizations.

Catharine Street Center's private pay fees are due weekly and are collected in advance of our service. To ensure uninterrupted participation in the Program, payments **MUST** be kept current. The 1st week's payment is due at registration along with a one (1) week non-refundable deposit. Your deposit is credited towards the last week of participation in the Program.

Rates

CSCC's standard rate for childcare is \$10.00 per hour. After School Transportation is available from CSCC for children attending City of Poughkeepsie Elementary Schools for an additional charge of \$25.00 weekly.

Please be advised, if your child attends our Programs for any portion of the week - you will be charged the full week's fee. CSCC does not prorate/reduce weekly fees for children who are dropped-off late and/or picked-up early.

Scholarship Policy and Rates

When possible, a limited number of partial scholarships are available to eligible families, resources permitting. CSCC reserves the right to determine the duration and distribution of scholarships based on the availability of resources. CSCC also reserves the right to discontinue or reduce scholarships at anytime, including late or non-payment of child care fees, excessive absenteeism, failure to pick-up or drop-off a child in a timely manner, inappropriate behaviors by child or adults, such conduct is also subject to termination of CSCC's child care services.

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Scholarship Policy, continued.

When available, scholarships will be granted to those families with household incomes of \$50,000 or less.

Families applying for scholarships must submit proof of household income for each person employed and residing in the household and/or contributing to the support of the child. **Documentation: Two (2) check/pay stubs (most recent) from income source(s) and/or most recent Federal Income Tax Forms or a notarized statement from employer verifying employment status and compensation.** CSCC reserves the right to verify income information provided in consideration for scholarship eligibility.

Families with documented household incomes of \$30,999 or less:

Bridge Program (ages 3-5)

Child care for children attending the Bridge Program is providing in four (4) core hour sessions with a minimum participation time of four (4) hours daily, including an option for additional hours until closing time at 6:30 pm.

Weekly scholarship rate is \$200.00/100.00 @ \$5.00 per hour. Weekly fees include supervised escort service for your child on and off the school bus, as needed and meals/snacks. During the Summer months, all activities, field trips, meals/snacks and materials are included in the weekly fee.

After School Program (1st-3rd grade)

Weekly scholarship rate is \$110.00 @ \$5.50 per hour which includes daily transportation from City of Poughkeepsie Schools, snacks, home work assistance, off-site trips, classroom materials and supplies.

Families with documented household incomes of \$31,000-\$50,000:

Bridge (ages 3-5)

Weekly scholarship rate is \$240.00/\$120.00 @ \$6.00 per hour.

After School program (1st-3rd grade)

Weekly scholarship rate is \$130.00 @ \$6.50 per hour.



CATHARINE STREET COMMUNITY CENTER

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www.catharinecenter.org

BRIDGE * AFTER SCHOOL * SUMMER ENRICHMENT PROGRAMS REGISTRATION FORM

Name of child _____

(Last) (First)

Gender: Male _____ Female _____ Date of Birth: _____

Grade entering in September _____ School: _____

Ethnicity: African American _____ White _____ Hispanic _____ Asian _____ Other _____

What language is spoken in the household? _____

Does your Child have Access to a Computer at Home? Yes _____ No _____

How many individuals reside in your household? Children under 18: _____ Individuals over 18: _____

PARENTS/GUARDIANS Names: 1. _____
(Last) (First)

2. _____
(Last) (First)

Email Address _____

Home Address _____

Street Apt # City Zip code

Home Telephone _____ Cell #: _____

Work Telephone _____ Hours: _____

Employer Name/Address _____

AGE OF PARENTS/GUARDIANS: 18-25 _____ 26-32 _____ 33-40 _____ 40-55 _____ 60+ _____

MARITAL STATUS: SINGLE () DIVORCE () SEPARATED () WIDOW (ER) ()

HIGHEST EDUCATION LEVEL : 8 -10TH _____ 11-12TH _____ H.S. DIPLOMA _____ GED _____ COLLEGE YRS. COMP. _____ DEGREE(S) _____

CHILD CARE RELEASE

Catharine Street Community Center will not release your child into the custody of another individual unless you designate that person as authorized. **YOU MUST INCLUDE AT LEAST 2 EMERGENCY PICK UP NUMBERS FOR YOUR CHILD. STAFF MUST BE ABLE TO REACH EITHER PARENT/GUARDIAN OR A DESIGNATED ADULT IN CASE YOUR CHILD BECOMES ILL AND/OR NEEDS TO BE PICKED UP.**

PERSONS APPROVED FOR PICK-UP (PLEASE INCLUDE YOURSELF) ADDITIONAL NAMES MAY BE ADDED ON THE BACK.

Name Phone and Cell Number

**CATHARINE STREET COMMUNITY CENTER
MEDICAL INFORMATION**

Please answer these questions to the best of your knowledge.

Does your child have any of the following?

Asthma _____ Prone to nosebleeds _____
Seizures _____ Prone to fainting _____
Allergies* _____

*(Please specify what kinds of allergies, including bee stings**

****We must have a doctor's note for any food allergies****

Is your child presently taking medication? Yes _____ No _____

If yes, please list medication here _____

Is a special diet required for your child? Yes _____ No _____

If yes, please specify diet and condition: _____

Child's Physician _____ Phone Number _____

Address _____

Dentist _____ Phone Number _____

Address _____

Does your child have medical coverage (insurance)? _____

If yes, name and type of insurance _____

In case of an emergency, which hospital should your child be taken to?

Vassar Brother's Hospital _____ Westchester Medical Center _____

Are there any special recommendations concerning your child's health? Yes ___ No ___

If yes, please specify: _____

MEDICAL TREATMENT CONSENT

I, _____, hereby authorize the Catharine Street Community Center to consent to emergency medical treatment for my child (under the advice of a New York State licensed physician or surgeon, and/or the child's own doctor) when the need for such treatment is immediate and when efforts to contact me are unsuccessful.

Signature: _____ **Date:** _____

Additional Persons Approved for Pick-UP (CSCC will not release your child into the custody of another individual unless you name that person below as authorized):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

**The following form must be completed and signed by
the child's physician**

**Catharine Street Community Center
Individualized Order Form**

Individualized Orders for: Name: _____

DOB: _____

Weight: _____

The Center's Staff will only be permitted to dispense medications to a child listed on this form by your child's doctor.

STANDARD OVER THE COUNTER/PRN MEDICATIONS (The following medications are available in our Infirmary and will be administered at the discretion of our Staff, if approval is indicated by your child's healthcare provider.):

Drug Name	Route	Dosage/Schedule	Indications	Child's Health Care Provider Order
Caladryl Clear	Topical	Per Label Instructions	Insect bites, minor skin irritations and rashes	Yes No
Antibiotic Ointment	Topical	Per Label Instructions	Superficial cuts/abrasions	Yes No
Hydrogen Peroxide	Topical	Per Label Instructions	Cleanse minor cuts, scratches, and abrasions of the skin	Yes No

Signature: _____
(Health Care Provider)

Date: _____