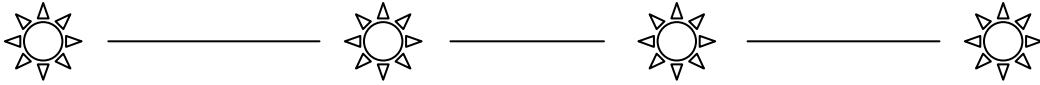


CATHARINE STREET COMMUNITY CENTER SUMMER ENRICHMENT PROGRAM-2016



PROGRAM

The Summer Enrichment Program operates for six (6) weeks from Monday, June 27th. to Friday, August 5, 2016 – Monday through Friday 8:00 a.m. to 5:30 p.m. The tuition for the full six (6) week program is \$500.00 per child. Extended hours: 7:00AM or 6:30 PM are available for an additional \$100/150 per session (**Please Note: a minimum of five (5) registered children are needed to offer this service**). CSCC is also offering the choice of an eight (8) week program, Monday, June 27 to Friday, August 19th, 2016 for \$750.00. A two (2) week program is available from Monday, August 22nd to Friday, September 2nd. for \$300.00. The tuition includes breakfast, lunch, snacks, and the cost of all special activities. Our Multi-Cultural Program offers basic skills enrichment (reading, writing, math, basic computer training) cultural and recreational activities including foreign language, nature walks, music, dance, arts and crafts, sports, field trips to local museums and swimming at Pulaski Pool weekly.



ENROLLMENT

The Summer Enrichment Program accommodates boys and girls going into 1st - entering 6th grades. To enroll in our Program, submission of a completed application, copy of child's immunization record, most recent report card and the full tuition are required. Limited number of slots per grade.

Programs & Activities for Children Between the Ages of 3-5
Please see information on the Bridge-School Readiness Program

APPLICATIONS AVAILABLE AT:
CATHARINE STREET COMMUNITY CENTER
69 CATHARINE STREET, POUGHKEEPSIE, NY. 12601
(ENTRANCE @ 152 MANSION STREET)

FOR MORE INFORMATION CALL:
(845) 473-2272

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.

Eff. 9/2016

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

69 Catharine Street, Poughkeepsie, New York 12601 • 845-473-2272 • Fax 845-473-5107
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: _____