



Dear PS 98 Families,

Enclosed is the Enrollment Package and Parent Guide for the Commonpoint Queens after school program at PS 98. As spaces are limited, please complete the application, including the attached forms and provide an updated medical. **Please note while applications will be made first available to families currently enrolled in the after school program, registration and enrollment is on a first come, first serve basis.**

**Document Checklist:**

- Program Description
- Program Application Form
- Caregiver Guide/Student Code of Conduct/Cell Phone Policy Contracts
- Caregiver Information Sheet
- Caregiver Authorization for Pediatric Care
- Caregiver Authorization for Collection of Student Data
- Post Dated Check Payment Sheet
- Medical Form
- Club Sheet (available in August)- Please note clubs are subject to change based on enrollment and program structure

\*Program will start on the first day of school. The after school program calendar dates and times will be finalized once the DOE releases their calendar.\*

Program hours are school dismissal - 6:00 PM Monday- Friday

**Dismissal will take place from 5:30-5:45 PM**

**All children must be picked up by 6:00 PM**

\*In light of current events, please know that the safety and well-being of your children is our top priority. Our After School programs are licensed through the Department of Health and we follow and maintain all guidelines and requirements set forth by DOH regulations in each of our locations.

\*Caregivers are encouraged to attend a program information session. The date will be announced towards the end of summer/beginning of the school year. This orientation will share important program information that all families should be aware of.

Looking forward to a fun and enriching school year with you and your children!

Sincerely,

Jessica Baksh

718-225-6750 ext 224

[Jbaksh@Commonpointqueens.org](mailto:Jbaksh@Commonpointqueens.org)



## **PROGRAM DESCRIPTION**

Welcome to Commonpoint Queens youth education and afterschool programming at PS 98!

With over 35 years of service to our family and youth communities, we are dedicated to providing quality after school care to our children and communities. Through the use of activity-oriented programs, our mission is to help children grow and develop as positive, capable individuals while learning important interpersonal skills, social responsibilities and values in a supportive group environment.

The PS 98 after school program is based on a “group-centered” model where students are grouped according to age and club choice and spend their afternoons rotating through clubs and group activities with peers and staff. Upon entering any of our exciting clubs, students are greeted by instructors who specialize in specific activities. Our exciting roster of clubs have included- Arts and Crafts, STEM, Physical Recreation, Dance, Baking, and much more!. To provide our children the opportunity to participate in all activities, the clubs will run on a two semester cycle.

“Homework Help” is an activity built into each group’s daily schedule and is available M-F. Please note that while staff will do their best to help all students, this is not a private tutoring service. This time is dedicated to your children receiving assistance with their assignments and having their completed work checked.

We look forward to a wonderful and enriching year together!

Sincerely,

Jessica Baksh  
718-225-6750 ext 224  
Jbaksh@Commonpointqueens.org



## Cell Phone Policy

Dear Families,

Please be aware that to allow your child(ren) the complete after-school experience, including- hands-on activities, socialization and educational opportunities, we **strongly** discourage the use of cell phones and electronic devices during program hours.

To help support this policy, we ask that caregivers contact the after school program director at 718-225-6750 ext 224 , should they need to contact their child during program hours. Messages will be checked throughout program hours.

***Please note the after-school program will not be held responsible for lost or damaged devices that have been confiscated.***

All Caregivers are **required** to sign below to acknowledge receipt of the after-school program policy.

By signing here, I (Caregiver name) \_\_\_\_\_ acknowledge the cell phone/electronic device policy of Commonpoint Queens' after-school program.

**Caregiver Signature:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Name #2:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# **After School Program Rules and Guidelines**

## ***Attendance and Dismissal***

For safety reasons, students are forbidden from leaving the school building without written consent after arriving at the program.

Please communicate any changes in schedule with the on site Program Director and classroom teacher via email or written consent.

Due to permit regulations, children must be picked up and the building cleared by 6pm. Failure to pick up your child by 6pm on more than one occasion risks a late fee being imposed or removal from the program.

Unscheduled/unannounced early pickups are strongly discouraged as they disrupt program activities. If you need to pick your child up early please do so before the start of their club.

Participants will not be allowed to leave the program unless with a caregiver. Youth under 16 years old will not be allowed to pick up any program participants.

## ***Program Safety***

1. Children are encouraged to wear proper footwear (sneakers) during any physical recreation activities 2.

There is no nurse on site. Program staff are unable to administer any medications to your child(ren). 3. The

program is equipped with general First Aid supplies (ice packs, bandages, Neosporin, & gauze) staff

members on site are CPR and RTE certified.

## ***Payment:***

1. Personal checks, money orders and credit/debit cards are acceptable forms of payments. Please see the payment sheet for more details. Please note, the registration and payment process has been moved to an online portal. Please review the attached registration information below. A physical copy of the registration packet must be submitted for the program's record. If paying by check, the application must be accompanied with post-dated checks. All checks must be made payable to: Commonpoint Queens.
2. In the case of withdrawal from a program without a month's notice, the tuition fee will be paid to the end of the withdrawal month. It is understood that no fee deductions are to be made, or credits allowed for any absences or withdrawal on account of illness or any cause whatsoever, except as herein above stated.
3. The price for the PS 98 After school Program is based on the total number of program days during the school year. This does not include any religious or secular holidays that the agency may be closed for. This figure is used to compute an annual fee. Please note, payments do not reflect the amount of program days per month, but reflect 1/10<sup>th</sup> of the total annual fee.
4. Please note, parents have the option to sign up their children for specific clubs that do incur a one time, (per semester) nominal cost in addition to the monthly tuition. This cost is to cover instructor and material expenses.

**Notice to Caregivers :**

1. The after school is **not** responsible for any lost or damaged personal property (including but not limited to: cell phones, handheld gaming systems, toys, cards, etc.) brought to the program. We strongly advise that they not be brought to the program.
2. The after school program is a "recreational" program, providing various clubs and activities. Most program days offer an allotted homework time, however the program cannot guarantee all homework will be completed or checked. Parents are encouraged to review their child's homework.

**Code of Conduct:**

Children in the after school program will be held to a certain standard of behavior including but not restricted to:

1. Proper and appropriate language
2. Keeping their bodies (hands, feet, elbows, etc.) to themselves
3. Demonstrating respect to peers and program staff
4. Demonstrating respect for school/after school property.

*Please acknowledge your acceptance of these rules. Failure to comply with said rules may result in your child's removal or suspension from the after school program and forfeiture of all fees.*

**\*Student enrollment will not be processed unless this page is returned signed and dated.**

Caregiver's Name (Please Print) \_\_\_\_\_

Child's Name \_\_\_\_\_ Second Child: \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Caregiver Information Sheet

Starting Date: \_\_\_\_\_

Child's Information 1. Name	DOB	Grade
_____	_____	_____

Child's Information 2. Name	DOB	Grade
_____	_____	_____

Home Address \_\_\_\_\_

### Caregiver # 1 Info

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Caregiver # 2 Info

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **IF CAREGIVER CANNOT BE REACHED DURING AFTER SCHOOL HOURS:**

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **AUTHORIZED INDIVIDUALS (OTHER THAN CAREGIVER WITH PERMISSION TO PICK UP CHILD:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

Are there any medical conditions/ allergies we should be aware of ? If so please list below.

\_\_\_\_\_

Does your child take any medications? If so please list below

\_\_\_\_\_

**\*Only those who sign this form are authorized to make and adjustments to the child program or registration**

Caregiver Signature Date: \_\_\_\_\_ Date: \_\_\_\_\_

## Annual Tuition Fee

Days	Monthly Installment Program Fee	Yearly Program Fee
5 Days	\$ 460	\$ 4,600
4 Days	\$ 390	\$ 3,900
3 Days	\$ 325	\$ 3,250
2 Days	\$ 220	\$ 2,200
1 Day	\$110	\$1,100

### **At time of deposit, please choose from one of the following payment options:**

- Leaving post-dated checks for the remaining months of the program, which will be deposited on, or right after the first of each month. **If you choose this option, all post-dated checks should be given upon registration. They should be dated on the 1st of each month. There can be no exceptions in this matter.\***
- Leaving a credit card (Visa, Discover, American Express, or MasterCard) number and expiration date which will be charged on or right after the fifth of each remaining month.\*
- **Students will not be able to begin the program unless all post-dated checks or credit card information is provided upon registration. If not provided this may result in your child forfeiting his/her spot.**
- There will be a 10 % sibling discount applied monthly, when applicable.

\*If you need to cancel, please inform the after school program via email, [Jbaksh@Commonpointqueens.org](mailto:Jbaksh@Commonpointqueens.org) before the 1st of the month so the program can either return your unused checks or notify the Finance Department to stop charging your credit card.





**PS 98 Registration Form 2023-2024**

Family Name \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Caregiver #1 Name (Include last name if different than child) Home # \_\_\_\_\_ Cellular # \_\_\_\_\_ Business # \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Address: \_\_\_\_\_

Caregiver #2 Name (Include last name if different than child) Home # \_\_\_\_\_ Cellular # \_\_\_\_\_ Business # \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Address: \_\_\_\_\_

Family Email (required): \_\_\_\_\_ Marital Status: \_\_\_\_\_

\*Please print clearly and provide an email that is frequently checked.

Emergency Contact (other than caregiver): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Child's First Name	Sex	Age	Date of Birth	School	Grade in Sep. 2023	IEP? (if yes please provide a copy)	Food Allergies

PLEASE CHECK ALL THAT APPLY: Yearly Tuition:

**Program Fee:**

- \_\_\_ 5 days a week..... \$4,600 (\$460/Month)
- \_\_\_ 4 days a week..... \$3,900 (\$390/Month)
- \_\_\_ 3 days a week..... \$3,250 (\$325/Month)
- \_\_\_ 2 days a week..... \$2,200 (\$220/Month)
- \_\_\_ 1 days a week..... \$1,100 (\$110/Month)

PLEASE CIRCLE DAYS YOUR CHILD WILL ATTEND

Child #1: **M T W TH F** Child # 2 **M T W TH F**

**Credit cards will be automatically charged on or about 1<sup>st</sup> of every month**

**Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVN \_\_\_\_\_**

10% siblings discount on any child after the first will be applied to the program fee and will be deducted monthly

**ENROLLMENT CONTRACT 2023-2024**

Commonpoint Queens and \_\_\_\_\_ (caregiver name), hereinafter referred to as "Applicant," hereby agree to the enrollment of Applicant's child, \_\_\_\_\_, in Commonpoint Queens' PS98 After School Program, hereinafter referred to as "CPQ PS98," upon the following express terms and conditions:

I. **TERMS OF ENROLLMENT:** Applicant hereby enrolls his/her child for the 2023-2024 program year. Caregivers will receive a calendar, indicating days that the school will be closed and no program will take place.

II. **PAYMENTS:** The required first tuition payment and schedule of balance payments is included. PLEASE ENCLOSE A CHECK PAYABLE TO "COMMONPOINT QUEENS" or credit card information to be charged monthly for the amount of the first tuition installment based upon number of days per month that you register your child to attend. *Students will not be able to begin program unless all post dated checks or credit card information is provided upon registration. If not provided this may result in your child forfeiting his/her spot* III. **WITHDRAWAL/CHANGES:**

A. In all cases of withdrawal before the start of the after school program, a full refund shall be made.

B. In all cases of withdrawal after the start of after school program, tuition fees shall be paid to the end of the withdrawal month during which the removal takes place.

C. It is understood that no fee deductions are to be made, or credits allowed for absence or withdrawal on account of illness or any cause whatsoever, except as herein above stated.

IV. **MEDICAL FORMS:** Applicant agrees to have his/her child examined by a physician and to submit a health certificate (supplied by Commonpoint Queens) before entering the child in After-School Day Care, meeting the requirements set forth by the New York City Department of Health. No child will be allowed to begin the CPQ Kids Korner After-School Program without a health certificate. Failure to comply may result in the temporary suspension or removal of your child from the program.

V. **PHOTO/DIGITAL MEDIA RELEASE:** Applicant hereby given permission to Commonpoint Queens for use of all digital media for the purpose of publication and/or on display on behalf of Commonpoint Queens.

VI. **Misc.:** If Commonpoint Queens determines that services cannot be provided as a result of an act of nature, a local or national emergency, or any conditions that in the opinion of Commonpoint Queens jeopardizes the safety of the children, no compensation or make-up days will be provided. Commonpoint Queens reserves the right to cancel or alter programs and/or fees as necessary.

IT IS EXPRESSLY UNDERSTOOD AND AGREED BY THE PARTIES HERETO THAT THE PRIVILEGE OF PAYING TUITION INSTALLMENTS IS EXTENDED ONLY AS A CONVENIENCE AND DOES NOT IN ANY WAY VARY THE OBLIGATION OF THE APPLICANT TO PAY THE TUITION IN FULL. EACH INSTALLMENT IS AUTOMATICALLY DUE ON THE DATE STATED WITHOUT BILLS BEING SENT BY CPQ. THE AFTER-SCHOOL PROGRAM HEREBY MAKES IT KNOWN TO THE APPLICATION THAT HIS/HER CHILD IS BEING ACCEPTED FOR THE ENTIRE REMAINING PORTION OF THE SCHOOL YEAR, AND THAT THE TUITION STATED IS PAYMENT FOR A PLACE IN THE SCHOOL PROGRAM AND NOT FOR THE PERIOD OF ATTENDANCE.

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Applicant (please sign)

Date



## Authorization for Pediatric Emergency Medical/Surgical Care

### Explanation:

It is the firm hope of Commonpoint Queens, Inc. that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the caregiver of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will be used only where absolutely necessary and only after every attempt has been made first to contact the parent. We find that doctors and hospitals refuse to give any medical treatment, regardless of how minor, unless they have authorization from the caregivers. As you know, time can play a factor in scenarios where immediate medical attention is needed. This form assures that time will not be lost in providing your child immediate treatment.

### Authorization:

In case of emergency, I hereby authorize Commonpoint Queens to consult a doctor or hospital who (and whomever they may designate as their assistants) is hereby authorized to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child.

Name of Child 1: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ ID # \_\_\_\_\_

Name of Child 2: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ ID # \_\_\_\_\_

Relationship to Children : \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



Commonpoint Queens (CPQ) is requesting your permission to allow us to collect information we need on your child, their participation and the quality of the services provided.

**Consent to Collect and Share Student Information**

**What information from your child’s student records is CPQ requesting?**

We are requesting your permission for the NYC Department of Education (DOE) to share personally identifiable information from your child’s student records with CPQ. The information we would like to collect consists of biographical and enrollment information (specifically consisting of your child’s name, address, date of birth, student identification number, grade, school(s) attended and transfer, discharge, and graduation data about your child); data concerning your child’s school attendance (including number of days attended and absences); and academic performance data (including your child’s results on state and national exams, credits earned, grades, promotion and retention status, and fitnessgram score); and data related to any disciplinary actions taken against your child (including number and type of suspensions).

**We are requesting to collect the information listed above about your child on a past, present and future (i.e., ongoing) basis.**

We are also requesting your permission for CPQ to share information we collect on the enrollment form from you and/or your child with DOE staff. The information includes registration information, student’s interests and challenges, type of program enrolled-in and frequency of participation. This information will be used to help the school and community organization work together to meet you and your child’s needs.

**Who will see my child’s information and how will it be safeguarded?**

The only people who will see your child’s individual information are CPQ and DOE staff who manage the data systems and prepare research reports and program analyses. The limited number of CPQ staff identified to receive personal information is screened. Personally identifiable information will not be shared with any community based organizations or their staff members. We will not use your name or your child’s name in any published report. While we request your consent, your responses to the below requests will not affect your child’s participation in CPQ sponsored programs.

**Please check Yes or No to each of the following statements:**

- I understand why CPQ is asking my permission to access the information listed above from my child’s student records, and I give permission to DOE to share that information with CPQ on an ongoing basis.

**Yes, I give my permission**  **No, I do not give my permission**

- I understand why CPQ is asking my permission to share information about my child collected by CPQ with DOE staff and I give my permission to CPQ to share information with DOE on an ongoing basis.

**Yes, I give my permission**  **No, I do not give my permission**

Student/Applicant Name: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**2023 – 2024 Postdated Checks  
Authorization Form**

Child’s Full Name: \_\_\_\_\_

Caregiver’s Name: \_\_\_\_\_

This letter is to confirm that I, \_\_\_\_\_ give CPQ the authority to deposit each check on or after the 1st of the month, the check has been written for. If your child(ren) withdraws or changes schedule, the CPQ retains the right to void or destroy the checks given. In case of schedule change, new postdated checks must be re-submitted on the notification of schedule change.

Postdated Check Detail:

#	Check Number	Amount	Deposit Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Caregiver’s Signature: \_\_\_\_\_ Dated Signed: \_\_\_\_\_