Pleasantville Panther Club

2016-2017 School Year

Pleasantville Panther Club

We are pleased to announce that starting September 2016, the **Panther Club** will be offered at Bedford Road School by the Village of Pleasantville's Recreation Department. Our **Panther Club** will be operated as a licensed *School Age Child Care Program* under the auspices of the NYS Office of Child and Family Services.

Enrollment Eligibility: Grades K-8th (limited)
Program Activities: Arts and crafts, recreational non-competitive sports, homework help, free play, entertainment and board games.

Location & Contacts

Bedford Road School

Staff

Director- Mike Newman mnewman@pleasantville-ny.gov

Site Supervisor- Mindy Rodgers mrodgers@pleasantville-ny.gov

Panther Club Phone- 914-760-4317

Pleasantville Recreation Office- 914-769-7950

The Panther Club will maintain a child to staff ration of 10-1 or better. We will also have an onsite nurse.

Calendar & Hours

The Panther Club will run on the Pleasantville School district calendar, Monday- Friday 2:55pm-6:30pm. On all scheduled half days/early dismissals we will run the program from the end of the school day until 6:30pm

Parent Meeting

Parent meeting will be on Monday, August 15th at 7:00pm at the Pleasantville Recreation Center.

Registration/fees

Registration will begin on Monday June 13th 4:00pm-8:00pm **in person only.** Registration for each month will close one month before the month you are signing up for. (Example: December registration will end on November 1st) You will have to indicate which days of the week you want on the registration form.

- 5 Days per week	$440 per month
- 4 Days per week	$400 per month
- 3 Days per week	$360 per month
- 2 Days per week	$300 per month
- 1 Day per week	$200 per month
- 5 Days per week (whole Year)	$4,000 (Discount)

Space is Limited

Payment

To register and pay for the Panther Club you will have to fill in the registration forms and pay in Recreation Department. We will accept cash, check and credit cards.

Refunds

Refunds will be will be provided for the following circumstances; loss of employment, move away from community. The refund will only be for the unused fees. There will be a $20 processing fee.

Late Fee

For every 10 minutes you are late picking up your child there will be $25 fee. The fee will have to be paid to site supervisor the following day. The Village will have to incur an overtime fee for their staff.

CCD Walk

We will walk your child to Holy Innocents for CCD and walk them back to the Panther Club on the day they have CCD. There will be a $15 fee each day we walk your child and you must be registered for that day at the Panther Club.

School Closings:

If the Pleasantville School is closed there will be **NO** Panther Club. If there is any kind of unscheduled early dismissal there will be **NO** Panther Club. If the School cancels after school activities there is **NO** Panther Club

***If Weather Conditions become hazardous during the Panther Club program hours we reserve the right to close early. In this situation you will have to make arrangements to pick your child up.**

Absence or Participation in other School Activities

If your child is in school and will not be attending the Panther Club please inform the Site Supervisor (office 914-769-7950, Panther Phone 914-760-4317, mrodgers@pleasantville-ny.gov) If your child will be arriving late from another after school program other than the Recreation Clubs please let the Site Supervisor know about this and which days it will be.

Dismissal

All students will be picked up at the front desk of the Bedford Road School. Only an authorized pick up person will be able to sign a child out. If they are not on the pick-up list they will not be allowed to sign the child out.

Personal Property

The Panther Club will not assume responsibility for any lost, broken, or stolen items. We ask that children not bring any toys, cell phones, iPods/IPads etc. to the program.

Snacks

We ask that every child be sent to school with a snack packed for the Panther Club. Gum is not allowed at the Panther Club.

Allergies

If your child has any kind of allergies please indicate this on the registration form. If your child requires an Epi-Pen or inhaler please fill out the additional medical form. This form alone with the Epi-Pen / Inhaler need to be placed in a Ziploc bag and given to staff before your child can attend the Panther Club..

PLEASANTVILLE PANTHER CLUB
REGISTRATION/MEDICAL FORM

Name:_____ Male_____ Female_____
Complete Address:_____
Home Phone:_____Date of Birth:_____Age:_____
Cell Phone: Mother:_____Father:_____
Doctor's Name:_____Phone:_____
Parent e-mail:_____Business Phone:_____
Emergency Contact:_____Phone:_____
Child's specific health problems, insect sensitivities, physical limitations/allergies, etc.

_____

_____

Hospitalization Insurance Company:_____ID #:_____

Please check days you will be attending the Panther Club:

_____Monday_____Tuesday_____Wednesday_____Thursday_____Friday

Please circle monthly fee option or whole year:

		List Month/Months
5 Days per week	$440.00 per month	_____
4 Days per week	$400.00 per month	_____
3 Days per week	$360.00 per month	_____
2 Days per week	$300.00 per month	_____
1 Day per week	$200.00 per month	_____
5 Days per week (whole year)	$4,000.00 (discount)	_____

Space is limited if you sign up on a month to month basis

I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the Village of Pleasantville, its Trustees, Employees, Representatives and volunteers for any and all injuries suffered by myself or my child(ren) at any activities sponsored by these groups.

I understand that my signature here as a parent or legal guardian indicates that all the above information is true, that my child is in satisfactory health with no specific health problems other than those noted above, that I agree to comply with all department policies, and that I give my permission for my child to participate in all activities. I also understand that all participants **ARE NOT** covered by Village of Pleasantville insurance. By signing below I also give permission, in case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, X-rays and needed care.

Signature of Parent/Legal Guardian_____

Check #:_____Cash:_____Credit Card:_____Amt. Paid_____Date_____

Authorized Pick up Person

(Other than Guardian)

1._____

2._____

3._____

4._____

Village of Pleasantville Recreation Department

PERMISSION FOR CAMPERS WITH PRESCRIPTION EPI-PEN and/or INHALER

NAME OF Childs _____ DATE OF BIRTH _____

Full address _____

Mother's Name _____ Day Time # _____ Cell _____

Father's Name _____ Day Time # _____ Cell _____

MEDICAL INFORMATION

Physician Name _____ Physicians Phone _____

Health Insurance Carrier _____ Policy Number _____

TO BE COMPLETED BY PHYSICIAN or PRESCRIBED LICENSED HEALTH CARE PROVIDER

All medication must be in original container with original prescription label and have current date of expiration.

CHILD'S DIAGNOSIS _____

MEDICATION NAME _____ Dosage _____ Frequency _____

MEDICATION NAME _____ Dosage _____ Frequency _____

If medication is to be given "when needed," please circle indications

1. Swelling of lips, tongue, throat and or around the eyes
2. Difficult swallowing
3. Tightness in chest and or difficulty breathing
4. Shortness of Breath
5. Sever cough or wheezing
6. Itchiness around the mouth
7. Itchiness all over body
8. Rash (Hives):
9. Other _____

Action to be taken? _____

How soon may it be repeated? _____

Additional information _____

_____

_____ I request that my child's prescription epi-pen or inhaler be securely stored in the Nurse's office under the supervision of the nurse and Site Supervisor. I certify that my child has been instructed and is capable of proper self administration of the medication.

_____ I request that my child be permitted to carry his/her prescribed epi-pen or inhaler at the Panther Club. I certify that my child has been instructed and is capable of proper self administration of the medication. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other students, he/she will be taken to the Site Supervisor immediately and a call to the parent/guardian will be placed. I understand that the Village of Pleasantville Recreation Department is not responsible for lost, stolen or improperly discharged medication.

I give permission to onsite personnel to seek emergency treatment at a hospital emergency room and to observe, or supervise in an emergency, the above named camper while self-administering the above mentioned medication(s).

_____ _____ _____

Signature of Parent/ Guardian | Printed Name of Parent/Guardian | Date

_____ _____ _____

Signature of Child's Physician | Printed Name of Child's Physician | Date