



# Pied Piper

## Registration "How To"

### Before/Aftercare Registration Form Instructions

- Siblings can't be put on the same form so you do have to fill out more than one(1) registration form if needed.
- Fill out entire front side including all emergency numbers and phone numbers incase we need to contact you. Make sure the "Emergency Contacts" are NOT the parents, we always call the parents first.
- If your child has any allergies please make sure you list all of them and if they need an Epi Pen for those allergies. If they have an Epi Pen you must get paperwork filled out by doctor and we must have the Epi Pen before school starts.
- Please list who will provide transportation for your child, this does not include parents. We know parents will drive but we need a list of others who may drive(Grandparents, aunts, uncles etc.) incase they come to pick up.
- Read the "Agreement" at the bottom on back and sign so we know you understand the School Program. You must also read the "Policy & Procedure" sheet so you fully understand all the registration information.
- Fill out how many days per week you want (2/3/4/5 days) and then circle the payment that correlates to what program you want(5pm or 6pm pickup).
- Payment is due the 1st of every month from September 2024-June 2025. There is NO deposit or payment due with registration for our before/aftercare school programs. All you need to hand in is the registration form and please make sure you fill out the transportation packet to send to the Yorktown Central School District. The school district has a deadline of **April 1st, 2024** to fill out and hand in the transportation forms for the upcoming school year. If you have any questions about the transportation packet please contact us at (914)962-5196 or by email at [piedpiperschoolyorktown@gmail.com](mailto:piedpiperschoolyorktown@gmail.com)

THANK YOU AND LETS HAVE A GREAT SCHOOL YEAR!!



2024-2025



# Pied Piper After School Program

Fall 2024 - June 2025



Child's Name \_\_\_\_\_  
Last First

Age in September \_\_\_\_\_ Years \_\_\_\_\_ Months

Birthday \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Address \_\_\_\_\_  
Street Town Zip Code

Not Mom & Dad



Home Phone \_\_\_\_\_ Emergency #1 \_\_\_\_\_

Family Doctor \_\_\_\_\_ Emergency #2 \_\_\_\_\_

Phone Number \_\_\_\_\_ Emergency #3 \_\_\_\_\_

Cell Phone (Mom) \_\_\_\_\_ Cell Phone(Dad) \_\_\_\_\_

1) Parent Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone# \_\_\_\_\_

2) Parent Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Age & Name of Siblings \_\_\_\_\_

Fears or inhibitions that the school should be aware of?

\_\_\_\_\_

Any allergies, medical problems, special medications or food restrictions ?

\_\_\_\_\_

Special Considerations(IEP/Learning considerations) \_\_\_\_\_

Who will provide transportation for your child?

#1. \_\_\_\_\_ Phone Number \_\_\_\_\_

#2 \_\_\_\_\_ Phone Number \_\_\_\_\_

What School Does Your Child Attend? Mohansic Brookside Crompond

## Breakfast Bunch Tuition Per MONTH

Days Per Week	Specify What Days	6:45am-Bus Arrival
Random Day	As Needed (Pay At Door)	\$20
2	M T W TH F	\$120
3	M T W TH F	\$175
4	M T W TH F	\$226
5	M T W TH F	\$274

## After School Care Tuition Per MONTH

Days Per Week	Specify Days	Pickup by 5pm	Pickup by 6pm
Random Day	As Needed (Pay At Door)	\$25	\$35
2	M T W TH F	\$168	\$215
3	M T W TH F	\$249	\$322
4	M T W TH F	\$333	\$419
5	M T W TH F	\$408	\$483

\*Only One(1) Discount Per Family

### Students who use both before and after school care receive a 10% discount

Siblings receive a 15% discount / Alumni Discount- Pied Piper Alumni receive a 10% discount  
 6pm Late Pick Up(\$10)/After 6pm(\$1 per minute for first 10 minutes then \$5 per minute after that)  
 Returned Check Fee \$30.00

**AGREEMENT:** I consent to the enrollment of my child in the Pied Piper Before/Aftercare program and agree to pay the monthly tuition on the 1<sup>st</sup> of each month. There is no deposit or pre-payment but any payment made on or after the 15<sup>th</sup> of the month is subject to a \$15.00 late fee. I understand tuition is due for the entire 10 months of the academic year (September through June). In case of accident, I agree that emergency medical care may be given in the event I or persons designated above cannot be reached. I give Pied Piper permission to use my child's picture in brochures, press releases or the online website.

Parent/Guardian Signature \_\_\_\_\_

DATE \_\_\_\_\_

**YORKTOWN CENTRAL SCHOOL DISTRICT**

**Application for Transportation to or from Day Care Locations**

**Consistent with New York State Education Law 3635-1e children in grades K – 8 may be transported between the school the child legally attends and before and/or after school child care locations under the following conditions:**

1. The parent or legal guardian for the child must submit their request for transportation in writing no later than April 1 proceeding the next school year. New residents must apply within 30 days of establishing residency in the Yorktown Central School District.
2. The child care provider from or to which transportation is requested must be located within the boundaries of the Yorktown Central School District

If the child care is outside the attendance zone of the school the child attends, it must be licensed day care provider pursuant to section 390 of the social services law.

3. The child care location must meet the definition as provided in policy # 8419 of the Yorktown Central School District
4. Requests for transportation must be from a consistent a.m. location and to a consistent p.m. location each day. Transportation to and from different locations depending upon the day of the week will not be permitted .

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

**Address:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

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

**Home Telephone # :** \_\_\_\_\_ **Work Telephone #** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**School Of Attendance** \_\_\_\_\_

**Bus Stop (if known)** \_\_\_\_\_

**(continued on next page)**

**Baby-Sitter/Day Care Location Information**

**A.M. Transportation Pick-Up Location:** \_\_\_\_\_

**(Address)**

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**PLEASE CIRCLE DAYS REQUIRED - ALL FIVE DAY S**

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
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**Nearest intersecting roads** \_\_\_\_\_

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**(Name of Day Care Provider)**

**(Telephone #)**

**If this child care provider is not within your attendance zone, It must be a registered child care provider, pursuant to section 390 of the Social Services Law, and you must provide the License or Registration #.**

**License/Registration #** \_\_\_\_\_

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**P.M. Transportation Location:** \_\_\_\_\_

**(Address)**

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**Nearest intersecting roads** \_\_\_\_\_

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**License/Registration #** \_\_\_\_\_

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