

### Breakfast Club

School Days 7-8:30am  
FREE! (Space is limited)  
\* Nutritious Breakfast  
\* Crafts  
\* Educational Activities  
\* Recreation



### After School Program

School Days 3:30-5:30pm  
Fee is based on Income  
\* Nutritious Snack  
\* Homework Help  
\* Educational Activities  
\* Recreation

## NYACK CENTER'S

## 2007-2008 YOUTH PROGRAMS

### Programs Begin September 5<sup>th</sup>!

#### Registration Information:

*(Programs are for students in the Nyack School District)*

Students currently in our programs may register now  
(As long as all payments are up to date).

OR

New Students may register after June 15<sup>th</sup>

**ONLY Complete Applications will be accepted:**

**(Monday-Friday 9:30am - 5:30pm)**



### TRANSPORTATION INFORMATION

#### Breakfast Club:

- Children can be brought to Nyack Center at 7am
- Buses from Nyack Schools will deliver children to the Elementary Schools
- Middle School children walk to school

#### After School Program:

- Buses from Nyack Schools will deliver Elementary School students to the center
- Middle School to students walk to the Nyack Center
- It is your responsibility to pick up your child at 5:30pm. There will be a late fee of \$5.00 every 10 min. you are late.

CHILD'S NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

**I am registering my child for (check one):**

BREAKFAST CLUB ONLY: \_\_\_\_\_

AFTER SCHOOL PROGRAM ONLY: \_\_\_\_\_

BREAKFAST CLUB AND AFTER SCHOOL PROGRAM: \_\_\_\_\_



## **PERMISSION SLIPS**

By signing below I give my permission for my child to:

- 1) Participate in short local field trips (i.e., the Nyack Library, Memorial Park, the YMCA) during program hours.
- 2) Be photographed and/or videotaped for use in publicity for Nyack Center.
- 3) Have academic records requested from my child's school.
- 4) To seek emergency medical treatment for my child in case I am not reachable.

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

Date \_\_\_\_\_

# THIS PAGE IS ONLY FOR AFTER SCHOOL PROGRAM

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

Family Size: Please list below every person living in your home, adults and children:

	<u>Name</u>	<u>Age:</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Income Verification: **IRS TAX RETURN 2006**

Family Size: \_\_\_\_\_

Annual Family Income: \_\_\_\_\_

Family Size	(\$5 per week)	(\$10 per week)	(\$25 per week)
2	\$0-\$23,220	\$23,221-\$45,000	\$45,000 +
3	\$0-\$29,260	\$29,261-\$50,000	\$50,000 +
4	\$0-\$35,300	\$35,301-\$55,000	\$55,000 +
5	\$0-\$41,340	\$41,341-\$60,000	\$60,000 +
6	\$0-\$47,380	\$47,381-\$65,000	\$65,000 +
7	\$0-\$53,420	\$53,421-\$70,000	\$70,000 +
8	\$0-\$59,460	\$59,461-\$75,000	\$75,000 +

*The Income Guidelines were established using the Federal Guidelines for Temporary Assistance for Needy Families funded programs. All tuition is subsidized by grants and donations. The fees listed here do not reflect the full cost for a child attending the program.*

Payment Schedule: \$ \_\_\_\_\_ **TOTAL AMOUNT PER WEEK**  
**(We collect payments every 2 weeks)**

**I agree to pay the above to the Nyack Center.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_