



MY SPECTRUM SCHOOL/CENTER

Early Childhood Education
Gifted & Talented Education

11 Sintsink Drive East, Port Washington, New York 11050
516-883-8035

info@myspectrumschool.com myspectrumschool.com

AFTER-SCHOOL ENRICHMENT REGISTRATION September 7, 2022 - June 16, 2023

Child's Name: _____
(First) (Middle) (Last)

Child's Date of Birth (month/day/year): _____ Current Age: _____

Child's Gender: Female Male N/A

Child's Dominant Language _____

Child's domain strengths (please check all that apply):

- Linguistic/Language Logical/Mathematical Naturalist/Science Spatial/Art Musical
 Intrapersonal/Interpersonal/Social Understanding Bodily-Kinesthetic/Movement

School District Zone: Daly Guggenheim Manorhaven Sousa South Salem Other _____

How did you hear about us?

- Web Search Google Ad Facebook Ad Print Ad Friend Other _____

Parent/Legal Guardian Information:

Check one:

- Parent Step-Parent Legal Guardian Foster Parent
 Dr. Esq. Mr. Mrs. Ms.

(Last) (First)

Occupation: _____

Check one:

- Parent Step-Parent Legal Guardian Foster Parent
 Dr. Esq. Mr. Mrs. Ms.

(Last) (First)

Occupation: _____

Primary Contact Information

Name: _____

Home Address: _____

Email Address: _____

Emergency Phone: _____

Cell Phone: _____

Work Phone: _____

Sibling Information:

Name	Birth Date	Relationship	School & Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFTER-SCHOOL ENRICHMENT: PUBLIC & PRIVATE SCHOOL / AGES 3-12

MONTHLY OPTIONS ARE AVAILABLE

1. Select Month(s)
2. Select Transportation
3. Select STEAM and/ or Academic Support/Homework Assistance
4. Select Day(s)
5. Select time/ monthly tuition

MONTHS				
<input type="checkbox"/> September 2022	<input type="checkbox"/> October 2022	<input type="checkbox"/> November 2022	<input type="checkbox"/> December 2022	<input type="checkbox"/> January 2023
<input type="checkbox"/> February 2023	<input type="checkbox"/> March 2023	<input type="checkbox"/> April 2023	<input type="checkbox"/> May 2023	<input type="checkbox"/> June 2023

TRANSPORTATION	
<input type="checkbox"/> BUS	<input type="checkbox"/> CAR

FREE Bus Transportation available directly from Port Washington Union Free School District
Bus arrival time may be earlier or later than 3pm based on PWUFSD dismissal

STEAM (no academic support /homework assistance)

Days of Week	STEAM: Indoor & Outdoor Activities
<input type="checkbox"/> Monday	Art: Drawing & Painting & Jewelry Making
<input type="checkbox"/> Tuesday	Engineering & Construction & Legos
<input type="checkbox"/> Wednesday	Movement/ Music/ Obstacle Course/ Yoga
<input type="checkbox"/> Thursday	Science Topics: Hands on Activities & Exploration
<input type="checkbox"/> Friday	Puzzles & Games & Play

Time/Tuition	1 Day Per Week	2 Days Per Week	3 Days Per Week	4 Days Per Week	5 Days Per Week	
*3pm-4pm	<input type="checkbox"/> \$80	<input type="checkbox"/> \$144	<input type="checkbox"/> \$192	<input type="checkbox"/> \$240	<input type="checkbox"/> \$280	per month
*3pm-5pm (2 hours) STEAM & Snack	<input type="checkbox"/> \$160	<input type="checkbox"/> \$288	<input type="checkbox"/> \$384	<input type="checkbox"/> \$480	<input type="checkbox"/> \$560	per month
4pm-5pm	<input type="checkbox"/> \$80	<input type="checkbox"/> \$144	<input type="checkbox"/> \$192	<input type="checkbox"/> \$240	<input type="checkbox"/> \$280	per month

ACADEMIC SUPPORT/HOMEWORK ASSISTANCE

DAYS OF WEEK						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday		
Time/Tuition	1 Day Per Week	2 Days Per Week	3 Days Per Week	4 Days Per Week	5 Days Per Week	
*3pm-4pm	<input type="checkbox"/> \$160	<input type="checkbox"/> \$288	<input type="checkbox"/> \$384	<input type="checkbox"/> \$480	<input type="checkbox"/> \$560	per month
*3pm-5pm (2 hours) Academics & Snack	<input type="checkbox"/> \$320	<input type="checkbox"/> \$576	<input type="checkbox"/> \$768	<input type="checkbox"/> \$960	<input type="checkbox"/> \$1120	per month
4pm-5pm	<input type="checkbox"/> \$160	<input type="checkbox"/> \$288	<input type="checkbox"/> \$384	<input type="checkbox"/> \$480	<input type="checkbox"/> \$560	per month

2 HOURS MIX AND MATCH: 1 HR. STEAM AND 1 HR. ACADEMIC SUPPORT/HOMEWORK

DAYS OF WEEK						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday		
Times/Tuition	1 Day Per Week	2 Days Per Week	3 Days Per Week	4 Days Per Week	5 Days Per Week	
*3pm-5pm (2 hours) STEAM, Homework, & Snack	<input type="checkbox"/> \$240	<input type="checkbox"/> \$432	<input type="checkbox"/> \$576	<input type="checkbox"/> \$704	<input type="checkbox"/> \$800	per month

*CREATIVE PLAY/ CHILD CARE

Tuition	1 Day Per Week	2 Days Per Week	3 Days Per Week	4 Days Per Week	5 Days Per Week	
5pm-5:30pm	<input type="checkbox"/> \$48	<input type="checkbox"/> \$96	<input type="checkbox"/> \$144	<input type="checkbox"/> \$192	<input type="checkbox"/> \$240	per month
5pm-6pm	<input type="checkbox"/> \$80	<input type="checkbox"/> \$160	<input type="checkbox"/> \$240	<input type="checkbox"/> \$320	<input type="checkbox"/> \$400	per month

**Child must be registered in STEAM and/ or Academic Support/Homework Assistance program*

Calendar:

- My Spectrum School/Center follows the Port Washington Union Free School District calendar **with some adjustments**.
- **First day of Spectrum school is September 7, 2022** and the **last day of Spectrum school is June 16, 2023**.
- **No After-School programs when school/center is closed and PWUFSD early dismissal days**.
- **After-School programs until 4pm on SPECTRUM early dismissal days and PWUFSD early dismissal**.
- My Spectrum School/Center closes on legal holidays, school closures, parent-teacher conferences, professional development, snow days, and whenever the health and safety of staff, families, and children may be compromised, including Covid 19 and variants.

Tuition Notes:

- No registration fee.
- **No tuition refunds** for any reason, including Covid 19 and variants.
- **No prorated tuition** for any reason, including Covid 19 and variants.
- **No make-up days** for any reason, including Covid 19 and variants.
- **No switching days** for any reason, including Covid 19 and variants.
- **No tuition reimbursement** for any reason, including but not limited to school/center closures, student absences, personal matters, extended vacation, Covid 19 and variants.
- **No reduction or removal of registered program sessions**; number of hours, days, weeks, months.
- Late pick up of 5 or more minutes is subject to late fee of \$1 per minute
- Delinquent payment fee of \$30 charged on 5th of the month.
- Returned check fee of \$30 plus Quickbooks fee.
- My Spectrum School accepts tuition vouchers via Nassau County Department of Social Services (DSS) up to 30 hours per week. Tuition balance if applicable owed by family.

Tuition Payment Schedule:

September 2022	Payment due by AUGUST 1, 2022
October 2022	Payment due by SEPTEMBER 1, 2022
November 2022	Payment due by OCTOBER 1, 2022
December 2022	Payment due by NOVEMBER 1, 2022
January 2023	Payment due by DECEMBER 1, 2022
February 2023	Payment due by JANUARY 1, 2023
March 2023	Payment due by FEBRUARY 1, 2023
April 2023	Payment due by MARCH 1, 2023
May 2023	Payment due by APRIL 1, 2023
June 2023	Payment due by MAY 1, 2023

Transportation:

Port Washington Public School District transports school children to My Spectrum School/Center upon completion and submission of the signed form to Port Washington Union Free School District Transportation Office.

Form of Payment:

Quickbooks invoice sent via email. Forms of payment accepted are: Quickbooks direct online payment (**\$10 Quickbook fee applies to each invoice**), credit card (**3.5% Quickbook fee applies to each invoice**), cash (**no fee**), or check (**no fee**) made payable to My Spectrum School/Center.

Check one: Quickbooks Direct Payment (\$10 fee per invoice) Credit Card (3.5% fee per invoice) Cash Check

Parent/Legal Guardian Consent:

I give my consent to My Spectrum School/Center for my child to engage in school/center/camp water play, contests, photos/videos for use in social media, website, publications, advertisements, and apply parent/guardian provided sunscreen/insect repellent.

Signature of Parent/Legal Guardian: _____ Date: _____

Print Name of Parent/Legal Guardian: _____

Signature of My Spectrum School/Center: _____ Date: _____

Print Name of My Spectrum School/Center: _____



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AFTER-SCHOOL ENRICHMENT CALENDAR 2022-2023

September 7, 2022:	First Day of School
September 26 - 27, 2022:	Recess SCHOOL CLOSED
October 5, 2022:	Recess SCHOOL CLOSED
October 10, 2022:	Columbus Day/Recess SCHOOL CLOSED
October 24, 2022:	Professional Development (School Closed) SCHOOL CLOSED
October 31, 2022:	Halloween AFTER-SCHOOL UNTIL 4PM
November 8, 2022:	Parent Teacher Conferences (School Closed) SCHOOL CLOSED
November 10, 2022:	Parent Teacher Conferences (School Closed) SCHOOL CLOSED
November 11, 2022:	Veterans Day/Recess SCHOOL CLOSED
November 22, 2022:	Thanksgiving AFTER-SCHOOL UNTIL 4PM If PWUFSD early dismissal, No After School
November 23 - 25, 2022:	Thanksgiving/Recess SCHOOL CLOSED
December 23, 2022:	AFTER-SCHOOL UNTIL 4PM If PWUFSD Early Dismissal, No After School
December 26, 2022 - January 2, 2023:	Recess SCHOOL CLOSED

January 16, 2023:	Martin Luther King Day/Recess SCHOOL CLOSED
February 20 - 24, 2023:	Winter Recess SCHOOL CLOSED
March 17, 2023:	Conference Day (PW Early Dismissal) NO AFTER SCHOOL
March 22, 2023:	Parent Teacher Conferences (School Closed) SCHOOL CLOSED
April 5, 2023:	AFTER-SCHOOL UNTIL 4PM If PWUFSD Early Dismissal, No After School
April 6 - 14, 2023:	Spring Recess SCHOOL CLOSED
May 26, 2023:	Professional Development (School Closed) SCHOOL
May 29, 2023:	Memorial Day/Recess SCHOOL CLOSED
June 9, 2023:	Field Day AFTER-SCHOOL UNTIL 4PM
June 15, 2023:	NO AFTER SCHOOL
June 16, 2023:	Last Day of School NO AFTER-SCHOOL

My Spectrum School/Center follows Port Washington Union Free School District snow days and snow early dismissal and may close due to inclement weather and when the health and safety of staff, families, and children are at risk.

NUT FREE FACILITY

Dates subject to change.



ROBIN ALLEN
Transportation Supervisor

Administration Building
100 Campus Drive
Port Washington, NY 11050
516-767-5030
FAX 516-767-5033

PORT WASHINGTON SCHOOL DISTRICT
TRANSPORTATION REQUEST FORM CHILDCARE LOCATION 2022/23

All residents of the Port Washington School District requesting transportation for before and/or after school childcare locations MUST submit this application on or before **JULY 29, 2022**, in order to be eligible for the 2022/23 school year. Transportation will be provided to:

1. A childcare location located within the attendance zone of the school the child attends.
2. A child day care center and/or school age childcare program licensed or registered pursuant to section three hundred ninety (390) of the social services law located anywhere within the school district.

Instructions: Please answer all questions on the transportation request form and have the childcare provider also sign the form and return it in an envelope to the: Port Washington School District, 100 Campus Drive, Port Washington, NY 11050, **Attn: Transportation Office, on or before JULY 29, 2022.**

We strongly recommend that, if you are filing after **JULY 29, 2022**, you hand deliver the form to 100 Campus Drive. Please submit **one form per student** requiring transportation. A letter will be sent out with the new transportation information once your form(s) has been received.

Please note that without the signature of the childcare provider, we will not be able to provide childcare transportation.

I hereby request transportation for my child under the district policy regarding transportation for before and/or after-school childcare locations.

Parent/Guardian Signature _____

Childcare Provider Signature _____

Date _____

(application on reverse side)

PORT WASHINGTON SCHOOL DISTRICT
TRANSPORTATION REQUEST FORM CHILDCARE LOCATIONS 2022/23

TRANSPORTATION REQUEST FORM 2022/23

(Please Print)

Student Name _____
Last First

Address _____

Town _____

Parent/Guardian Name _____ Email _____

Telephone (home) _____ Business # _____

Emergency Contact _____ Emergency Phone # _____

School Attending _____ Grade as of September 2022 _____

Name of Childcare/ /Sitter Location _____

Address _____

Town _____ Email _____

Telephone _____

Starting Date _____

AM ONLY _____ PM ONLY _____ AM & PM _____

Contact Person _____

Please Note: We do not keep track of your child's schedule in the Transportation Office.
The parent/guardian MUST notify the school's main office and teacher of your child's schedule.

Additional Information and/or Comments: _____

Note: The parent/guardian is responsible to notify the Port Washington School District Transportation Office of any change to address and/or phone number or when transportation is no longer required.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -	
	CHILD'S FULL NAME:			DATE OF BIRTH: / /	GENDER:	
	PREFERRED NAME/NICKNAME:			CHILD'S HOME ADDRESS:		
	NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:						
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
FOR PROGRAM USE ONLY			FOR PROGRAM USE ONLY			
DATE OF ENROLLMENT: / /			DATE OF DISENROLLMENT: / /			

CHILD'S FULL NAME:		DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -
PREFERRED HOSPITAL:		PHONE NUMBER: () -
CHILD'S DENTAL CARE:		PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /
 Attach lead level statement
Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL Venous Capillary
 2 years / / Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 / / Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

