



# SCOPE EDUCATION SERVICES 2017-2018 PRE-KINDERGARTEN REGISTRATION IS NOW OPEN!

4 year old program

**Monday-Friday**

**8:30 AM-11:00 AM**

**Or**

**12:00 PM-2:30 PM**

**Tuition \$323.00**

## Program Locations

**South Street School  
130 South Street  
Manorville, NY 11949**

**or**

**Tuttle Avenue School  
1 Tuttle Avenue  
Eastport, NY 11941**

Visit us at  
[www.scopeonline.us](http://www.scopeonline.us)

SCOPE Education Services in cooperation with Eastport South Manor School District is pleased to provide a financially self-supporting Pre-K Program for the 2017- 2018 school year.

There is a non-refundable annual registration fee of \$40 (\$20 for each additional child from the same family). Please complete and mail the application along with the \$40 registration fee and first month's tuition. Please refer to the checklist and include all required information with your registration form.



Children must turn 4 by December 1, 2017. There is a 10% sibling discount for a second child.

*For further information, please contact us at (631) 360-0800 ext. 133 or [dingarozza@scopeonline.us](mailto:dingarozza@scopeonline.us)*

- Curriculum aligned with the New York State Pre-Kindergarten Common Core Standards
- A NYS Certified Teacher and Teacher Assistant for every 18 students in the 4 year old program
- The program will operate from September 2017 through June 2018, in accordance with the Eastport South Manor School District Calendar



**Registration will be on a first come/first served basis, by mail only.**

**Mail completed registration forms to:  
SCOPE Education Services/Pre-K Registration  
100 Lawrence Avenue  
Smithtown, NY 11787**

**\*\* Fees for the 2017-2018 school year are subject to change.\*\***



100 Lawrence Ave  
Smithtown, NY 11787

Dear Parent /Guardian,

Thank you for your interest in the SCOPE Pre-Kindergarten Program. Enclosed are materials to be completed for the registration of your child, as well as an outline of our program.

Please refer to the checklist below to be sure all necessary information is completed and returned to SCOPE.

- SCOPE Pre-School Registration
- Medical Statement (Pages 1 and 2)
- Proof of Residency (i.e. utility bill, tax bill, mortgage statement)  
Driver's License will not be accepted as proof
- Copy of Birth Certificate
- Registration and First Month's tuition fee

**If paying by credit card:**

- Credit Card payment form
- Automatic Payment Service form

**\*PLEASE REVIEW PAYMENT SCHEDULE INFORMATION INCLUDED IN THIS PACKET\***

Please keep the **SCOPE PRE-SCHOOL PROGRAM REGISTRATION AGREEMENT**

If you have any questions or concerns, please contact the Student Services Pre-Kindergarten Department at 631-360-0800 ext 133.



# SCOPE Education Services 2017-2018 Pre-Kindergarten Registration Application

SCOPE ID#
For office use only

100 Lawrence Avenue, Smithtown, NY 11787 Telephone: 631-360-0800 Ext. 133

FOR  
SCOPE  
OFFICE  
USE

Business Office Received By: _____	Date: _____	Budget Code _____
Registration Fee _____	Payment Method _____	

\_\_\_\_ Birth Cert  
 \_\_\_\_ Medical  
 \_\_\_\_ Proof of Res

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M F  
 Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Program Site \_\_\_\_\_  
 Program: 4 year old \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

**Parent/Guardian Information:** (Both parents must be listed)

Child may be released to both parents? \_\_\_\_ Yes \_\_\_\_ No \* Note: If **NO**, legal documentation is required.

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Cell phone \_\_\_\_\_ email \_\_\_\_\_  
 Home Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Place of work \_\_\_\_\_ Address \_\_\_\_\_  
 Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Cell phone \_\_\_\_\_ email \_\_\_\_\_  
 Home Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Place of work \_\_\_\_\_ Address \_\_\_\_\_  
 Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

**List a minimum of 2 emergency contact names who can be reached during program hours. Contacts must be 18 years or older and authorized to pick up your child. (A neighbor is strongly suggested).**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Address: \_\_\_\_\_  
 2) Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Address: \_\_\_\_\_  
 3) Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Address: \_\_\_\_\_

**Pick Up Restrictions** \_\_\_\_\_



**Pre-Kindergarten  
Registration Application  
Page 2**

Indicate areas of child's special needs by circling Yes or No:

**Emotional: Yes No Social: Yes No Medical: Yes No Psychological: Yes No Educational: Yes No**

Explain each Yes circled item. List and include allergies, medications, etc...

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**In the event parents cannot be reached in a medical emergency, I give SCOPE permission to seek medical attention from a physician or hospital.**

**\*Signature of parent or guardian (required)**

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Physician's Name \_\_\_\_\_

Office Phone# \_\_\_\_\_

MEDIA RELEASE STATMENT

**I DO/DO NOT** (circle one) give permission for my child to appear in any media coverage approved by the SCOPE Program.

I have read, understand and agree to adhere to the SCOPE Student Services Pre-School Registration Agreement included in my Pre-School Registration Packet and give my child permission to fully participate in this program. Attached is my non-refundable annual registration fee of \$40.00 and first month's tuition.

**\*Signature of parent or guardian (required)**

\_\_\_\_\_ Date \_\_\_\_\_



## SCOPE EDUCATION SERVICES 2017-2018

### EASTPORT-SOUTH MANOR SCHOOL DISTRICT PRE-KINDERGARTEN FEE SCHEDULE

**There is a non-refundable monthly tuition fee that is due on or before the 15<sup>th</sup> of each month. This payment reflects tuition for the upcoming month. Tuition for September is due upon registration. Fees are subject to change.**

\$40 non-refundable one time registration fee (\$40 first child, \$20 each additional child)

\$323 Monthly Tuition Four year old program / 5 days a week

**There is a 10% discount for each additional sibling  
PREPAY YOUR ANNUAL TUITION & SAVE 5%!**

#### **PAYMENT OPTIONS FOR 1<sup>ST</sup> TUITION PAYMENT:**

The first month's tuition can be paid by:

- credit card (see attached Autopay & One Time Credit Card Forms)
- check
- money order

**Mail your registration fee, 1<sup>st</sup> month's tuition payment and registration packet to:**

**SCOPE Education Services/Registration  
100 Lawrence Avenue, Smithtown, NY 11787**

**NOTE:** Parents will be notified by mail of their enrollment status

#### **Payment options for all subsequent tuition payments**

**CREDIT CARD/AUTOPAY: COMPLETE SEPARATE FORM AND FAX TO (631) 881-9672 OR MAIL TO:**

**SCOPE PAYMENT CENTER  
100 Lawrence Avenue  
Smithtown, NY 11787**

**ONLINE (CHECK/CREDIT CARD ONLINE): Go to: [www.scopeonline.us](http://www.scopeonline.us). Student ID# required.**

#### **MAIL CHECK/MONEY ORDER TO:**

**SCOPE EDUCATION SERVICES, GENERAL P.O. BOX 30550  
NEW YORK, NY 10087-30550  
(Include Student ID#)**

**PLEASE DO NOT INCLUDE OTHER PAPERWORK WITH YOUR CHECK**

**There is a \$15.00 fee for phone-in payments.**

**Contact SCOPE Payment Center for more information @ 631-360-0800 ext. 207**

**SCOPE EDUCATION SERVICES  
2017-2018 AUTOMATIC PAYMENT SERVICE**

**EASTPORT-SOUTH MANOR  
PRE-KINDERGARTEN**

SCOPE IS PLEASED TO PROVIDE A SAFE, QUICK AND CONVENIENT PAYMENT SERVICE FOR PARENTS WHO WISH TO PAY BY CREDIT CARD.

I authorize SCOPE Education Services to automatically charge my credit card on or about the 15<sup>th</sup> of each month, for the upcoming month's tuition. I further understand that any additional fees incurred (adding days, late pick-up fees, extended care, etc.) will be automatically charged separately to my credit card. I understand all payments are non-refundable.

Please check appropriate amount:

\_\_\_\_\_ \$40 non-refundable one time annual registration fee (\$40 first child; \$20 each additional child)

\_\_\_\_\_ \$323 Monthly Tuition - Four year old program / 5 days a week

**All information must be completed in order to process credit card.**

Please check form of payment:

\_\_\_\_\_ VISA    \_\_\_\_\_ MC    \_\_\_\_\_ AMEX    \_\_\_\_\_ DISCOVER

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

CSV# \_\_\_\_\_ (3 digit # on signature panel on back of card; AMEX is 4 digits on front of card.)

Name as it appears on credit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ SCOPE ID # \_\_\_\_\_

Program: \_\_\_\_\_

PLEASE NOTE THE FOLLOWING:

- Fax to (631) 881-9672 or mail to: SCOPE Payment Center, 100 Lawrence Ave., Smithtown, NY 11787
- You may stop the Automatic Payment Service at any time by directly notifying SCOPE Education Services, in writing via mail or fax. Mail to: SCOPE Payment Center, 100 Lawrence Ave., Smithtown, NY 11787. Fax to (631) 881-9672. To change credit card information, a new form must be filled out.
- If your credit card is declined you will be charged a \$25.00 fee (\$20.00 late fee and \$5.00 reprocessing fee).
- SCOPE FEDERAL ID #: 112073576 (please retain a copy of this form for income tax purposes)

**QUESTIONS? Call 631-360-0800 EXT. 207**



## CREDIT CARD PAYMENT FORM

I authorize **SCOPE** Education Services to charge my credit card for my **child's first month's tuition**, plus a \$15 processing fee. I understand this will be a **ONE-TIME ONLY** charge to my credit card. I also understand all payments are non-refundable.

**PLEASE COMPLETE BELOW AND MAIL WITH YOUR REGISTRATION FORM TO:**

**SCOPE PAYMENT CENTER  
100 LAWRENCE AVENUE  
SMITHTOWN, NY 11787**

Please indicate amount to be charged: \$ \_\_\_\_\_

+ \$15.00 (processing fee)

Total \$ \_\_\_\_\_

Please check method of payment: \_\_\_\_\_ **VISA** \_\_\_\_\_ **MC** \_\_\_\_\_ **AMEX** \_\_\_\_\_ **DISCOVER**

CREDIT CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CSV# \_\_\_\_\_ (3 digit # on signature panel on back of card; AMEX is 4 digit # on front of card)

Name as it appears on credit card: \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

**CARDHOLDER'S SIGNATURE** \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ SCOPE ID# \_\_\_\_\_

HOME SCHOOL \_\_\_\_\_ PROGRAM \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING:**

If your credit card is declined, you will be charged a \$25.00 fee (\$20.00 late fee and \$5.00 reprocessing fee).

**SCOPE'S FEDERAL ID# 112073576** (please retain a copy of this form for income tax purposes)

**QUESTIONS? CALL 631-360-0800 EXT 207**

***NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits, triennially for the Committee on Special Education (CSE) and Committee on Preschool Special Education (CPSE).***

**Eastport South Manor Central School District  
PHYSICAL EXAMINATION FORM**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F Grade: \_\_\_\_\_

School (Building): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Urine: protein \_\_\_\_\_ glucose \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ - vision corrected Y/N

Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_  
severe \_\_\_\_\_ anaphylactic \_\_\_\_\_

Specify current disease: \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Other \_\_\_\_\_

List immunizations given today: \_\_\_\_\_

OR see attached copy \_\_\_\_\_

	normal	abnormal	explanation of abnormalities:
HEENT			_____
teeth/mouth			_____
lymph nodes			_____
thyroid			_____
abdomen			
lungs			
heart			special instructions
genitourinary			_____
hernia (males)			_____
neurological assessment			
skin			referral(s):
speech			_____
nutrition			_____
orthopedic assessment			
a. posture			BMI: _____
b. structure			Weight Status Category (%)
c. extremities			less than 5 <sup>th</sup> 5 <sup>th</sup> – 49 <sup>th</sup>
d. curvature of spine			50 <sup>th</sup> – 84 <sup>th</sup> 85 <sup>th</sup> – 94 <sup>th</sup>
			95 <sup>th</sup> – 98 <sup>th</sup> 99 <sup>th</sup> +

Onset of menses (female) \_\_\_\_\_

Recommend: \_\_\_\_\_ full activity/physical education

\_\_\_\_\_ modified activity due to: \_\_\_\_\_

explanation of limitations: \_\_\_\_\_

**\*\*\*\*\*MUST BE COMPLETED FOR SPORTS ELIGIBILITY\*\*\*\*\***

I hereby certify that I have reviewed the Health History, performed a comprehensive initial pre-participation physical evaluation of the above named student, and, on the basis of such evaluation and the student's health history, certify, except as specified above, the student is physically fit to participate in practices, inter-school practices, scrimmages, and/or contests in the sport(s) consented to by the student's parent/guardian in the ESM parent & student certification waiver form and further certify that the student does not have any communicable illness or condition which would pose a danger to teammates and/or competitors.

\_\_\_\_\_ **CLEARED FOR ALL SPORTS**

\_\_\_\_\_ NOT CLEARED for the following types of sports: (circle)

collision    contact    non-contact    strenuous    moderately strenuous    non-strenuous

MD SIGNATURE: \_\_\_\_\_

DATE OF PHYSICAL: \_\_\_\_\_

STAMP:



**THIS PAGE MUST BE COMPLETED FOR JR/SR HS SPORTS ONLY**

**\*\*\*\*TO BE COMPLETED BY PARENT/GUARDIAN PRIOR TO EXAMINATION\*\*\*\***

Has your child had problems with/treatment for any of the following in the **PAST 5 YEARS?**

	NO	YES		NO	YES
eyes			bones, joints		
ears			fractures		
nose			dislocations		
throat			muscles, nerves		
teeth/mouth			seizures		
heart			head injury, concussion		
murmur			blood disorder		
rheumatic fever			diabetes		
lungs			allergies/allergic reaction		
asthma			kidney, bladder		
pneumonia			abdomen		
bronchitis			hernia		

**If yes to any of the above, please explain** \_\_\_\_\_  
**Have there been any hospital admissions in the last 5 years?** \_\_\_yes \_\_\_no  
 If yes, give dates and explanation \_\_\_\_\_  
 I hereby state that, to the best of my knowledge and belief, my answers to the above questions are correct.  
 \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date

**INTERSCHOLASTIC ATHLETIC PROGRAM PERMISSION SLIP**

I hereby give permission for my child \_\_\_\_\_ to participate in the Eastport/South Manor Interscholastic Athletic Program and:

1. I give my child permission to travel to away games and/or meets under the supervision of a coach.
2. I will assume the responsibility for any unreturned equipment loaned to my child.

\_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date

**CONTACT LENSE/ORTHODONTIC APPLIANCE PERMISSION SLIP**

I hereby give permission for my child \_\_\_\_\_ to engage in all physical education/athletic activities while wearing his/her contact lenses and/or orthodontic appliance. I understand that these materials can be lost, crushed, or damaged during body contact activities and vigorous exercise. I recognize that it is my responsibility to replace any personal items damaged or lost.

\_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date

I am aware that it is the responsibility of my child \_\_\_\_\_ to carry any needed **medication** and that the proper paperwork is on file with the **nurse's office**. (874-6545) **In the event of an EMERGENCY** and I cannot be reached, I consent for my child to receive medical care.

\_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date

Emergency contacts:  
 Name: \_\_\_\_\_ Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Pre-School Program Registration Agreement

100 Lawrence Ave., Smithtown, NY 11787

631-360-0800 Ext 133 Fax: 631-881-9671

[www.scopeonline.us](http://www.scopeonline.us)

1. I understand that I am enrolling my child in the SCOPE Pre-School Program for the school year.
2. I understand there is an annual registration fee for my child which includes insurance. The fee is non-refundable unless the program is canceled due to insufficient enrollment.
3. I understand no payments of any kind will be accepted at the program site.
4. I understand there are specific age requirements for the program and agree to furnish proof of age.
5. I understand my child will not be admitted into the program until I furnish documentation indicating that my child has received the required NYS age-appropriate immunizations and a physical examination.
6. I understand I am responsible for transporting my child to and from the program and for escorting my child promptly to and from the classroom.
7. I understand the program has specific start and end times. If I pick my child up late, I will incur a late fee for every 15 minutes, or part thereof, that I am delayed. If I know that I will be late, I agree to arrange for an authorized person to pick my child up from the program. **Excessive lateness may result in withdrawal of my child from the program.**
8. I understand there is a non-refundable monthly tuition fee. The tuition is due on or before the 15th of each month, in advance for the upcoming month (with exception of the September tuition).
9. **I understand there will be no refunds or credits for absences.**
10. I understand that if my check is returned for insufficient funds, a \$45.00 fee will be charged (\$25.00 administration fee and a \$20.00 late fee). After two returned checks, all tuition fees will be required to be paid by money order or certified check, or credit card. I understand if my credit card is declined it will be charged a \$25.00 fee (\$20.00 late fee and \$5.00 reprocessing fee).
11. I understand that if school is closed or closes early due to inclement weather or any other emergency, the SCOPE Program will also be closed. No refund or credits will be issued for emergency closings.
12. I understand that if my child becomes ill during program hours, I will be contacted. I or an authorized person agree to pick up my child immediately.
13. I agree to inform the teacher immediately of any changes in the information I have provided and of any special needs my child may have.
14. I understand that my child's continued acceptance into the program depends on his/her ability to comply with the rules of the program.
15. I understand that SCOPE is not a special needs program; however, SCOPE will make every effort to reasonably accommodate my child's needs. I must complete a student profile form. Once received, I will be contacted to discuss what SCOPE is able to provide my child, at which time I can make a judgment regarding my child's placement. Failure to disclose pertinent information which would affect staffing/safety may result in my child's exclusion from the program.
16. I UNDERSTAND THAT IF A MEDICAL EMERGENCY ARISES, THE SCOPE STAFF WILL ATTEMPT TO CONTACT ME. IN THE EVENT I CANNOT BE REACHED, I GIVE PERMISSION FOR SCOPE TO SEEK MEDICAL ATTENTION FROM A PHYSICIAN AND/OR HOSPITAL FOR MY CHILD.

**KEEP THIS FOR YOUR RECORDS**

