July 2019

Dear Parent/Guardian:

Enclosed please find registration forms for our 2019/20 ES BOCES Enrichment Programs (child care) for the Early Morning and After School Programs. **You must register in person.** We are having registration on the following dates this summer in the Early Childhood Center/District Office board room, floor two, 1 Craig B. Gariepy Ave., Islip Terrace;

- August 5,6 – 8:00 am to 10:00 am
- August 12,13 – 8:00 am to 10:00 am
- August 12,13 – 5:30 pm to 7:30 pm
- August 26 – 8:00 am to 10:00 am

*The cut-off date for child care registration to be able to utilize the Program(s) the first week of school is Monday, 8/26/19, no exceptions.* After the seven (7) sessions listed above, Child Care registration is ongoing all school year via appointment only. Please make every effort to register your child(ren) during the dates listed above. Additionally, if you have a prior outstanding balance due, you will not be able to utilize our Programs until that balance is paid in full.

Child Care Registration – Mrs. Stephanie Parker – (631) 224-2041, sparker@eischools.org
Child Care Billing – Mrs. Maria Brabender – (631) 224-2029, mbrabend@eischools.org
Child Care Billing – Mrs. Cheryl Rigogliosi – (631) 224-2051, cheryl.rigogliosi@eischools.org

When you come to register, it would be helpful if you have the registration form completed, a start date and your MySchoolBucks password. If you have any questions, please contact the above personnel via email or telephone and we will get back to you as soon as we can.

________________________________________________________________________

Information on **Breakfast Program** @ each elementary school: Each elementary building has a Breakfast Program each school day. *This is a separate program and has nothing to do with our child care programs.* However, the cost is approx. $1.00 per day and the only rules are that you must walk your child in and your child must buy something to eat or drink. Here is a list of the elementary school hours and the Breakfast Program hours. You may not bring your child to the breakfast program until the time it opens:

<table>
<thead>
<tr>
<th>2019/20 School Hours</th>
<th>Breakfast Program Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connetquot Elem.</td>
<td>9:42 am-3:42 pm</td>
</tr>
<tr>
<td>John F. Kennedy Elem.</td>
<td>9:12 am-3:12 pm</td>
</tr>
<tr>
<td>Ruth C. Kinney Elem.</td>
<td>9:12 am-3:12 pm</td>
</tr>
<tr>
<td>Timber Point Elem.</td>
<td>9:42 am-3:42 pm</td>
</tr>
</tbody>
</table>

Stephanie Parker  
East Islip School District  
Special Programs  
(631) 224-2041
2019-20
ESBOCES
Extended Day
Enrichment Program at
EAST ISLIP
**Introduction**

ESBOCES is proud to provide the Extended Day Enrichment Program in the East Islip School District. ESBOCES has been a leader in providing enhanced educational activities for students of all ages and grades for many years and looks forward to providing a safe and secure program to the children and parents of the East Islip community. Since this is an enrichment program rather than merely a day care program, a variety of educational opportunities such as the homework room and interactive activities will be offered.

**Students Eligible**

This program will be available for all students enrolled in the East Islip School District attending grades kindergarten through fifth. In order to attend, the child must be registered with the ESBOCES Extended Day Enrichment Program and have completed the ESBOCES medical, emergency contact, and Press Release forms. Families owing money to the District for services provided in prior years will not be able to register their child(ren) until the amount owed is paid.

**Hours of Programs**

The **Early Morning Program** which is held at each elementary school begins at 7:30 am. Parents are responsible for bringing their children to the Early Morning Program. Drop off between 7:00 am and 7:30 am can be arranged at an additional cost of $5.00 per child per day. When dropping off children at the Early Morning Program, parents are to deliver their child(ren) to the cafeteria door and ensure that an employee is present and has admitted the child to the program before leaving the school.

The **After School Enrichment Program** begins at the end of the school day and operates until 6:00 pm. This program is housed at Connetquot Elem. School and Timber Point Elem. School. Students from Ruth C. Kinney Elem. School will be bused to Connetquot Elem. School and students from John F. Kennedy Elementary will be bused to Timber Point Elem. School. **Parents are to note that a fee is charged for late pick up after 6:00 pm.**

**Cost of Programs**

<table>
<thead>
<tr>
<th></th>
<th>Registration Fee</th>
<th>Early Drop Off per day per child</th>
<th>Late Pick Up per occurrence per child</th>
<th>Daily Rate</th>
<th>*8-Day Minimum</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st Child</strong></td>
<td>$50.00</td>
<td>$5.00</td>
<td>N/A</td>
<td>$11.00</td>
<td>$88.00</td>
<td>$187.00</td>
</tr>
<tr>
<td>Additional Child</td>
<td>$50.00</td>
<td>$5.00</td>
<td>N/A</td>
<td>$9.00</td>
<td>$72.00</td>
<td>$151.00</td>
</tr>
<tr>
<td>Free/reduced-1st child</td>
<td>None</td>
<td>$5.00</td>
<td>N/A</td>
<td>$9.00</td>
<td>$72.00</td>
<td>$151.00</td>
</tr>
<tr>
<td>Free/Reduced - additional child</td>
<td>None</td>
<td>$5.00</td>
<td>N/A</td>
<td>$7.00</td>
<td>$56.00</td>
<td>$126.00</td>
</tr>
</tbody>
</table>

**After School Program**

<table>
<thead>
<tr>
<th></th>
<th>Registration Fee</th>
<th>Late Pick Up per occurrence per child 30-1st time</th>
<th>35-2nd time</th>
<th>Daily Rate</th>
<th>*8-Day Minimum</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Child</td>
<td>$50.00</td>
<td>$16.00</td>
<td>$128.00</td>
<td>$272.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Child</td>
<td>$50.00</td>
<td>$14.00</td>
<td>$112.00</td>
<td>$236.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free/reduced-1st child</td>
<td>None</td>
<td>$14.00</td>
<td>$112.00</td>
<td>$236.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free/Reduced - additional child</td>
<td>None</td>
<td>$12.00</td>
<td>$96.00</td>
<td>$216.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If you use more than 8 days, you will be billed the daily rate at the end of the month for those extra days.
Busing – After School Program
While the home school staff will assist the Extended Day Enrichment participants, it will be the parent’s responsibility to ensure that their children know which bus to take for the Extended Day Enrichment Program and which days the children will be attending (After School Program only).

Health Services – Employees and Participants
No student or staff member may attend the ESBOCES Extended Day Enrichment Program while he or she has acute symptoms of any infection or communicable disease. If a participating child becomes sick or is injured during his/her stay in the program, the child will be separated from the group and given individual attention. The child’s parent/guardian/emergency contact person will be notified immediately and directed to pick up the child as soon as possible. In an emergency, the parent will be contacted and 911 will be called for ambulance assistance. No medication of any type including but not limited to; any prescription drugs, cough drops, vitamins, aspirins or ear drops may be administered and no medical procedure will be carried out except upon the written consent of the parent/guardian and in original prescription containers with the child’s name on it. Medications will be returned to the parent/guardian when no longer needed. Medications will not be made accessible to the children. All necessary program forms must be completed by the parent/guardian for medication administration. Spray sunscreen can be applied with written permission from the parent/guardian.

Refreshments – After School Program
During the morning program, students may purchase breakfast from the breakfast program at each school. In the after school portion of the program, refreshments consisting of a nutritious snack and milk or juice will be available for every student. For parents of students with food allergies or with any type of special dietary restriction or need, it may be necessary to provide alternate snack items for your child. Please keep in mind that there may be children with a severe food allergy to peanuts that can be potentially life threatening. If there are any concerns or questions regarding the contents of our snacks, parents should discuss the issue with the school nurse and the Extended Day Enrichment Program administrators.

Communication with Programs
Parents are asked to use the email address sparker@eischools.org to communicate with the program (Mrs. Stephanie Parker/child care registration). In the event that a phone conversation is necessary, please call (631) 224-2041. During after school program hours, parents needing to contact staff may do so by calling Timber Point Elementary at (631) 581-1887 and Connetquot Elementary at (631) 581-1834.

Activities of Programs
- **Early Morning Program** – Children are provided a variety of options for activities, including games, blocks, Legos, toys, arts and crafts, and much more. Children may engage in physical recreation in the gymnasium or outdoors, weather permitting. Special shows and courses will be offered throughout the year.
- **After School Program** – Students will be provided time for snack and recreation activities during the first portion of the program. Recreational activities available will include; use of the gymnasium, activity room, computer lab, and playgrounds outside. A staff member will be instructed to maintain a constant line of vision with all students.

Students will also be asked to enter the homework room where they will be provided assistance with their homework by a certified teacher and counselors if they should request assistance. Parents are encouraged to communicate with their children about their progress in the homework room and may communicate special requests to staff regarding homework priorities. Staff members in the homework room will be trained in techniques to assist students with homework, but the responsibility to complete all assignments rests entirely with the student. Please inform your children that they will attend homework room every day for at least thirty minutes to complete homework or to read quietly.
During the course of the year, certain activities will be made available for students to join. A list of activities will be provided to parents and students. Students may select activities and students closed out of an activity will get the first opportunity to join the activity the next time it is offered. Activities will be organized into groups of grades K-2 and grades 3-5 students. **Students signing up for an activity are expected to attend every session of that activity.**

**Staffing of Program**
The ESBOCES Extended Day Enrichment Program will be managed by two **Administrators** who must possess a valid and current NY State teaching certification. The **Administrators** will be responsible to:

1. Oversee the instruction provided in the program.
2. Manage all staff.
3. Ensure that all students are properly transported to and from the program every day.
4. Communicate with the East Islip business office and the elementary school principals on a daily basis.
5. Communicate information to parents regarding the needs and concerns of their children.
6. Confirm all educational programs scheduled prior to each presentation.
7. Obtain the necessary snacks and supplies.
8. Oversee the homework room to ensure that the instruction is provided in accordance with the training provided.
9. Ensure proper supervision of students is maintained during the program.
10. Address any other items that would have an effect on the decorum of the program.

**Counselors** will be responsible to:

1. Assist teachers in facilitating the mandatory homework/reading period.
2. Monitor students to provide adequate supervision and a safe environment in a variety of activities and recreational areas.
3. Provide ongoing communication with teachers and ESBOCES Extended Day Enrichment Directors.

**Teachers** added to:

1. Assist in the homework room.
2. Oversee specific activities.
3. Provide enrichment instruction to the students in the program.

Teachers must possess a valid and current NY State teaching certification.

**Disciplinary Action**
The Extended Day Enrichment Program is a service provided by the East Islip School District for children enrolled in the East Islip School District. If a participant or those individuals responsible for a participant do not comply with the rules and regulations of this program, the participant will be dismissed. Such dismissal may be for a day, several days or indefinitely. Any disciplinary action taken will be first discussed with the participant’s parent/guardian. The following disciplinary actions are prohibited: room isolation, corporal punishment, deprivation of snacks and methods of discipline which frighten, demean or humiliate a child. Discipline will be prescribed, administered and supervised only by the staff. The Administrators will fully document actions taken and the reasons for taking such action when deemed necessary. This includes a conference between the Administrators and the parent/guardian followed by written communications when necessary. An appeal may be brought to the ESBOCES Administrators for review and final determination. If a child is having difficulty adjusting to the program, a conference will be arranged between the parent/guardian and the staff. Appropriate behavior is a requirement for continued enrollment and determination of appropriate behaviors shall be at the discretion of the Administrators.
Snow Days/Closure of Programs

1. When the East Islip School District declares a snow day and/or is closed for the entire day, both the Early Morning and After School Programs will be cancelled for that day.
2. If the district declares an emergency closing during the school day, the After School Program will be closed. Students entitled to a bus will be bused home, walkers will be released as walkers.
3. If there is a delayed opening, the Early Morning Program will be cancelled.

Payment Information

(Registration fee and first month’s payment due at time of registration)

At the time of registration, families will need to enroll in MySchoolBucks® in order to have access to the convenience, efficiency and flexibility of making payments to the program online. A link to the MySchoolBucks® School Store can be found on the District’s website under the “Parents” dropdown list. Your student’s school ID# will be needed to enroll your child. If you already make payments for the breakfast and lunch program through MySchoolBucks®, there is no need to establish a separate account.

Prior to the beginning of each month, those families paying either the eight-day minimum or monthly tuition must access the MySchoolBucks® School Store to submit their payment. For your convenience you can register your payments to be recurring, therefore eliminating the need to log-in every month. Additionally, those families paying the eight-day minimum will also be able to submit payment for additional days utilized beyond the initial eight days in the prior month. Finally, payment can also be made for additional hours used for Early Drop Off (Morning Program) or Late Pick Up (After School Program), if applicable.

There is a convenience fee associated with using the MySchoolBucks® School Store. This fee can be minimized by using the OnePay ™ option at the MySchoolBucks® School Store. An annual membership fee of either $12.95 for a student membership or $26.95 for a household membership will cover any transactions processed through MySchoolBucks® School Store during a twelve-month period, including payments made for the breakfast and lunch programs. This feature requires the fee and subsequent payments to be deducted from your checking account. If families would rather use a credit card for school store payments, a fee of 3.95% of the transaction amount will be added to each payment being made. Please note that in either case, the District does not receive revenue relating to the processing of your checking account or credit card transactions.

Support in establishing your account can be obtained via email at parentsupport@myschoolbucks.com or by phone at 1-855-832-5226. Questions relating to amounts due for registration and tuition can be directed to Maria Brabender at (631) 224-2029.

Families owing money to the District for services provided in the prior year will NOT be able to register their child until the amount owed is paid in full. Also, students will not be permitted to attend the programs if amounts owed in the current year are past due. Tuition fees are due in advance of the month of service.

Disclaimer:
The East Islip School District’s site may contain links to third-party websites. The links on the Site to Heartland Payment Service’s Lunchbytes or MySchoolBucks are provided solely as a convenience to you and not as an endorsement by the East Islip Union Free School District of the content of such third-party websites, or any affiliation or association with its operators. Please be advised that by using this website, you understand and agree that this website is not endorsed, maintained or owned by the East Islip Union Free School District. The East Islip Union Free School District is not responsible for the content of the linked third-party sites, including without limitation to any link contained in a linked site, or any changes or updates to a linked site. The School
District does not make any representations regarding the content or accuracy of the material on such third-party websites. If you decide to access linked third-party websites, you do so at your own risk. Your use of third-party sites is subject to the Terms and Conditions of use for such sites. No warranty of any kind including but not limited to warranties of non-infringement of third-party rights, identity theft or freedom from computer virus, is given. You further agree to indemnify and save harmless the East Islip Union Free School District from any and all actions, suits, damages, loss, claims of loss or expenses of any kind caused by or arising from the use of this website.
(Note: This packet contains forms for up to two children to register)

- Student Name (#1): ___________________________ Grade: _______ Date of Birth: ___________

  School Attending: _______________ Home Phone: ___________________________ Start Date: ___________

  Early Morning Program _______ (check if needed)
  Days Needed: M Tu W Th F
  (circle days)

  After School Program _______ (check if needed)
  Days Needed: M Tu W Th F
  (circle days)

- Student Name (#2): ___________________________ Grade: _______ Date of Birth: ___________

  School Attending: _______________ Home Phone: ___________________________ Start Date: ___________

  Early Morning Program _______ (check if needed)
  Days Needed: M Tu W Th F
  (circle days)

  After School Program _______ (check if needed)
  Days Needed: M Tu W Th F
  (circle days)

Name of Both Parent(s)/Guardian(s): ____________________________
(first & last)

Home Address: ____________________________

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**EMERGENCY CONTACT INFORMATION**

Parent/Guardian Place of Employment:

Mother/Guardian: ___________________________ Phone: ___________ Phone: ___________
(place of employment)

Father/Guardian: ___________________________ Phone: ___________ Phone: ___________
(place of employment)

Student’s Physician: ___________________________ Phone: ________________________

---

I GIVE PERMISSION FOR MY CHILD TO BE PICKED UP BY ANY OF THE PEOPLE LISTED BELOW (NON-PARENTAL)

1. Name: ___________________________ to Student: ___________________________ Phone: ___________
   Relation

2. Name: ___________________________ to Student: ___________________________ Phone: ___________
   Relation

3. Name: ___________________________ to Student: ___________________________ Phone: ___________
   Relation

Signature: ___________________________ Date signed: ___________________________
A. Student Name (#1): ____________________________ Date of Birth: ________
   Male ( ) Female ( )

Home Address: ____________________________________________________________

Home Phone: ____________________________ Cell Phone _______________________

Email Address (please print): _____________________________________________

B. Health History (list month and year if student had illness):

<table>
<thead>
<tr>
<th>Ear Infection -</th>
<th>Mumps -</th>
<th>Rheumatic Fever -</th>
<th>Asthma -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poison Ivy -</td>
<td>Hay Fever -</td>
<td>Measles -</td>
<td>Convulsions -</td>
</tr>
<tr>
<td>Insect Stings -</td>
<td>Chicken Pox -</td>
<td>Diabetes -</td>
<td>German Measles -</td>
</tr>
</tbody>
</table>

Any allergies (foods, drugs, plants, insects, other?) ___________________________
Please explain: ______________________________________________________________
__________________________________________________________________________

Operations or serious injuries (type and date): __________________________________
__________________________________________________________________________

Chronic or recurring illness: ____________________________ Other diseases: __________

Does your child wear glasses? _____ Does he/she wear them all the time? _____ Contact Lenses? _____
Hearing Aid? ________

Any specific activities to be restricted? ________________________________________

Can your child participate in water activities (sprinklers)? _______________________

C. Please describe any conditions that our staff should have knowledge of in order to assure a safe environment for your child:
__________________________________________________________________________
__________________________________________________________________________

D. Parent Authorization (required):
This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted above. In the event that my emergency contact person or I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program Administrator to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. I, the undersigned, hereby acknowledge my child’s voluntary participation in the recreational and educational activities of the Eastern Suffolk BOCES Extended Day Enrichment Program.

Legal Guardian Signature: ____________________________________________ Date: __________
A. Student Name (#2): __________________________ Date of Birth: __________
   Male ( ) Female ( )

   Home Address:__________________________________________________________

   Home Phone: _______________ Cell Phone_____________________________

   Email Address (please print): __________________________________________

B. Health History (list month and year if student had illness):

<table>
<thead>
<tr>
<th>Ear Infection -</th>
<th>Mumps -</th>
<th>Rheumatic Fever -</th>
<th>Asthma -</th>
</tr>
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<tbody>
<tr>
<td>Poison Ivy -</td>
<td>Hay Fever -</td>
<td>Measles -</td>
<td>Convulsions -</td>
</tr>
<tr>
<td>Insect Stings -</td>
<td>Chicken Pox -</td>
<td>Diabetes -</td>
<td>German Measles -</td>
</tr>
</tbody>
</table>

   Any allergies (foods, drugs, plants, insects, other?) _______________________
   Please explain:____________________________________________________________________________________

   Operations or serious injuries (type and date):____________________________________________________________

   Chronic or recurring illness: ___________________________ Other diseases: _________________________________

   Does your child wear glasses? ______ Does he/she wear them all the time? ______ Contact Lenses? ________
   Hearing Aid? ________

   Any specific activities to be restricted? ________________________________________________________________

   Can your child participate in water activities (sprinklers)? ______________________________________________

C. Please describe any conditions that our staff should have knowledge of in order to ensure a safe
   environment for your child: ________________________________________________________________

D. Parent Authorization (required):
   This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed
   program activities, except as noted above. In the event that my emergency contact person or I cannot be reached in an
   EMERGENCY, I hereby give permission to the physician selected by the program Administrator to hospitalize, secure proper
   treatment for and to order injection, anesthesia or surgery for my child as named above. I, the undersigned, hereby
   acknowledge my child’s voluntary participation in the recreational and educational activities of the Eastern Suffolk BOCES
   Extended Day Enrichment Program.

   Legal Guardian Signature: ___________________________ Date: ________________
If the student named below is 18 years of age or older, the student may complete and sign this form and return it to his/her teacher.

If the student named below is under 18 years of age, this form must be completed and signed by the student’s parent/guardian and returned to the student’s teacher.

Current School Year 2019-2020 Name of Student ______________________________

Building ______________________________

Summary: Eastern Suffolk BOCES takes photographic, audio, and video footage of students for the purpose of informing various constituents about the activities, programs, and objectives of ESBOCES, as well as for promoting the achievements of students and staff.

ESBOCES may use this footage in both print and electronic media, including, but not limited to, newsletters, bulletin board displays, the ESBOCES website, and ESBOCES social media sites, as well as any and all media used for educational student and staff training and related purposes, and to inform the public via news media outlets.

☐ I give consent for photographic, audio, and video footage of the above-named student to be obtained and utilized as indicated above. This consent will remain valid for all perpetuity unless ESBOCES receives written instructions advising otherwise from the parent/guardian or student 18 years of age or older.

☐ I do not give consent.

Authorized Signature ______________________________ Print Name ______________________________ Date / /20

Indicate relationship to student: ☐ Parent/Guardian ☐ Self (if over age 18)
ESBOCES Extended Day Enrichment Participation Policies & Code of Conduct

I have reviewed the Extended Day Enrichment Handbook for 2018-19 with my child(ren) and we acknowledge and agree to the following:

**ESBOCES EXTENDED DAY ENRICHMENT CODE OF CONDUCT**

It is our philosophy that rules are made to keep you safe. We have three basic rules:

1. Take care of yourself.
2. Take care of others.
3. Take care of your environment.

The Code of Conduct is intended to be a guide for general behavior for the members of our community and includes the following expectations. Each person:

a. values and respects others in our community.
b. is responsible for the appropriate use of the facility and property belonging to others.
c. is expected to choose appropriate behaviors and language, and encourage others to do so.
d. is expected to think about the results of one’s actions and how they impact others.
e. is expected to solve disagreements by talking, listening and compromising.
f. is responsible for helping to make ESBOCES Extended Day Enrichment a safe and positive learning environment for everyone.

**Consequences for Inappropriate Behavior**

If the program staff is unable to solve the problem through discussions, redirections, and reviewed expectations, they will proceed with the following stages:

1. Give a verbal warning and help the student identify the misbehavior through a discussion about expectations and some alternative behaviors that could be used in the future. Age appropriate re-direction or an alternate activity may be provided.
2. Give a second warning with a discussion about expectations and arrange for the teacher or director to communicate with parents/guardians regarding the concern.
3. Schedule a conference with the student, parents/guardians, and program director to discuss a plan of action for resolution of the concern.
4. Prohibit the student from participating in a future activity for a pre-determined amount of time.

By signing below we indicate that we have read, reviewed, and understand all of the above statements.

Student(s) Name(s):

Student(s) Signatures:

Parent or Guardian Name:

Date:

Parent or Guardian Signature:

This form must be signed and returned in order to complete your registration.
PAYMENT RECORD FOR CHILD CARE REGISTRATION FEE  
AND FIRST MONTH’S PREPAID TUITION  

Parent/guardian name: ____________________________________________________________  
(please print)  
Home Address: ________________________________________________________________  
(if Great River, please indicate P.O. Box Number)  
Home Phone Number: ______________________ Work Phone Number: ___________________  
Name & Address of Employer: _____________________________________________________  

__________________________________________________  
Email address: _________________________________________________________________  
(please print)  

Child(ren) Registered:  
Name: (#1) __________________________________ Grade: _____ School: _____ EMP _____ ASP _____  
Name: (#2) __________________________________ Grade: _____ School: _____ EMP _____ ASP _____  

Additional Notes for Parents/Guardians Regarding Payment  
a) At registration, kindly inform Maria Brabender or Cheryl Rigogliosi if your child receives Free/Reduced lunch.  
b) Any past due balance must be paid at registration before your child’s registration is considered complete.  
c) Any changes to payment structure MUST be submitted via email to Maria Brabender or Cheryl Rigogliosi; mbrabend@eischools.org, Cheryl.rigogliosi@eischools.org.  
d) Payment structures may not be changed more than once during the school year.  
e) Please initial: I have read the above “additional notes” and agree to the terms. _______________  
    Initial here  

FOR OFFICE USE ONLY  
(Payment Information)  

<table>
<thead>
<tr>
<th>8 day minimum for EMP:</th>
<th>Flat Discount Fee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 day minimum for ASP:</td>
<td>Flat Discount Fee:</td>
</tr>
<tr>
<td>Registration Fees:</td>
<td></td>
</tr>
<tr>
<td>TOTAL DUE TO START PROGRAM:</td>
<td></td>
</tr>
<tr>
<td>ID ACCOUNT NUMBER FOR MY SCHOOL BUCKS:</td>
<td></td>
</tr>
</tbody>
</table>
Eastern Suffolk BOCES does not discriminate against any employee, student, applicant for employment, or candidate for enrollment on the basis of sex, gender, race, color, religion or creed, age, weight, national origin, marital status, disability, sexual orientation, gender identity or expression, transgender status, military or veteran status, domestic violence victim status, genetic predisposition or carrier status, or any other classification protected by Federal, State, or local law. This policy of nondiscrimination includes: access by students to educational programs, student activities, recruitment, appointment and promotion of employees, salaries, pay, and other benefits. ESBOCES also provides equal access to the Boy Scouts and other designated youth groups. ESBOCES fully complies with all applicable rules and regulations pertaining to civil rights for students and employees (e.g., Title IX of the Education Amendments of 1972, §504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, Dignity for All Students Act, §303 of Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the Boy Scouts of American Equal Access Act of 2001). Inquiries regarding the implementation of the above laws should be directed to either of the ESBOCES Civil Rights Compliance Officers at ComplianceOfficers@esboces.org; the Assistant Superintendent for Human Resources, 631-687-3029, or the Associate Superintendent for Educational Services, 631-587-3056. 201 Sunrise Highway, Patchogue, NY 11772. Inquiries may also be addressed to the Office for Civil Rights at the US Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005, 646-428-3600, OCR.NewYork@ed.gov.