



Cortelyou Early Childhood Center, Inc.

2739 Bedford Avenue Brooklyn, New York 11210 Phone: (718) 421-9581 Fax: (718) 421-2891

Cortelyou Academy 2024-2025 Tuition & Fees

The registration fee for each student is **\$550-NON-REFUNDABLE**. This fee is due by March 1st, 2024 and covers the following: registration, insurance, test prep material, **technology**, and textbooks. The due date for your first tuition payment depends on the payment option you select below.

Without After School = 7:30am to 2:45pm

PLAN A: ONE CHILD WITHOUT After School

Option 1: \$7,000 If paid in full by 8/1

Option 2: \$3,600 (Due: 8/1 and 2/5/25)

Option 3: Payment of \$1,500 (Due by 8/1);
Monthly Tuition of \$750 due by
the 5th of each month (September
to April)

Option 4: Monthly Tuition of \$750 due by
the 5th of each month (September
to June)

With After School = 7:30am to 6:00pm

PLAN B: ONE CHILD WITH After School

Option 1: \$9,000 If paid in full by 8/1

Option 2: \$4,600 (Due: 8/1 and 2/5/25)

Option 3: Payment of \$1,900 (Due by 8/1);
Monthly Tuition of \$950 due by
the 5th of each month
(September to April)

Option 4: Monthly Tuition of \$950 due by
the 5th of each month
(September to June)

MORE THAN ONE GRADE SCHOOL CHILD - YOUR OPTIONS ARE THE FOLLOWING:

**For more than 2 children, please contact the accounts department for updated rates.*

PLAN A+: TWO or More Grade School Siblings WITHOUT After School

Option 1: \$14,200 If paid in full by 8/1

Option 2: \$7,200 (Due: 8/1 and 2/5/25)

Option 3: Payment of \$2,925 (Due by 8/1);
Monthly Tuition of \$1,462.50
due by the 5th of each month
(September to April)

Option 4: Monthly Tuition of \$1,462.50
due by the 5th of each month
(September to June)

Plan B+: TWO or More Grade School Siblings WITH After School

Option 1: \$18,200 If paid in full by 8/1

Option 2: \$9,200 (Due: 8/1 and 2/5/25)

Option 3: Payment of \$3,605 (Due by 8/1);
Monthly Tuition of \$1,802.50
due by the 5th of each month
(September to April)

Option 4: Monthly Tuition of \$1,802.50
due by the 5th of each month
(September to June)

The only additional charges to be incurred are student's class supply list, performing arts program, Graduation Fee, Gym Uniforms, etc.

*Sibling discount given if you have an additional child registered in a CECC program.

Cortelyou Parent Referral Program: \$500 credit per child referred to our **Elementary School program (K-5th Grade). There are eligibility rules, please contact the accounts department (accounts@mycecc.com).

*Updated as of 1/25/2024



Cortelyou Early Childhood Centers, Inc.

Application for Admission (Toddlers - Fifth Grade)

Attach
Child's
Photo



Student Information

Academic Year _____

First Name: _____ Last Name: _____ Male Female

Date of Birth _____ Place of Birth _____ Ethnicity: _____

Applicant for: **Pre-School** | 2's 3's **DOE** | 3-K for All Pre-K for All With Extended Day Services?

Elementary School | Kdg. Gr. 1 Gr. 2 Gr. 3 Gr. 4 Gr. 5 What school district do you reside in?

- Does your child have an **IEP** (Individual Education Plan) or receiving any special services? Yes No

If yes, please explain: _____

- Primary language(s) spoken at home: _____

Applicant's current/previous schools, if any:

Name

Address

Telephone

Parent/Guardian 1

Name: _____ Relationship to applicant _____

Address: _____ City _____ State _____ Zip _____

Contact Info: (H) _____ (C) _____ (W) _____

Email: _____ Occupation: _____

Employer: _____ Principal Contact: Both Mother Father

Parent/Guardian 2

Name: _____ Relationship to applicant _____

Address: _____ City _____ State _____ Zip _____

Contact Info: (H) _____ (C) _____ (W) _____

Email: _____ Occupation: _____

Employer: _____

Parent/Guardian Status: Single Married ☐ Divorced Separated Widowed Domestic

If Parent/Guardian contact cannot be reached, whom do we contact in case of an emergency?

Name: _____ Contact Number: _____



Cortelyou Early Childhood Centers, Inc.

Name of person(s) authorized to pick-up your child: _____

List any food allergies, medical conditions, and/or dietary restrictions: (e.g. lactose intolerance, peanuts, Asthma, etc.)

Is there anyone who is **NOT** allowed to have access to your child? (Please submit a copy of any supporting documentation.)

Trip Consent Form

I hereby give permission to allow my child, _____ to be taken on trips to points of interest throughout the New York City area, under the supervision of **Cortelyou Early Childhood Center**, via private means of transportation. I also grant permission for my child to be taken on walking trips throughout the neighborhood when accompanied by his/her teacher.

(Initial Here: _____)

Photograph & Video Release

I hereby give permission for images of my child, captured during regular and special school activities through video, photo and digital camera, to be used solely for **Cortelyou Early Childhood Center** promotional material and publication including websites, brochure, handbooks etc., and waive any rights of compensation or ownership thereto. (Initial Here: _____)

CECC Special Needs Policy

At CECC, we recognize the right of each child, including those with special needs, to have an appropriate early childhood engagement, which combines care and learning through purposeful play. We are very sensitive to the needs and feelings of children with special needs, as well as, that of their families. We are committed to assist families to seek appropriate help, to ensure that their child's individual needs are recognized and addressed. Parents, we are aware that you are your child's primary advocate and that all decision making relating to him/her are in your hands. Therefore, parents will be involved at every stage in any plan that is recommended to support a child's individual special needs.

If any child in our school is having trouble with language or speech, vision, motor skills, social/emotional and cognitive skills; or adapting to the physical, social and behavioral environment of our program, we will try our best effort to connect the parents to appropriate agencies to conduct an early childhood evaluation.

However, if parents choose to decline an evaluation to assess the possible developmental needs their child may require, CECC reserve the rights to discontinue childcare services since we do not hold the necessary licensing and certification required to work with children requiring special services. (Initial Here: _____)

I have read the policy and agree to comply with the forms as stated.

Parent/Guardian 1 Signature: _____

Date: _____

Parent/Guardian 2 Signature: _____

Date: _____

OFFICIAL USE ONLY

☐ Accepted ☐ Not Accepted ☐ ACD ☐ HRA ☐ Co-Payment: \$ _____ Weekly

☐ Registration Fee Paid ☐ Full Time ☐ Part-Time * Grades 1-5 Only: Plan _____ Option _____

Comments: _____ Date Rec'd _____ Rec'd by: _____



Cortelyou Early Childhood Center, Inc.

Parent Supplement for Prospective Elementary School Students

Applicant's Name _____ Grade Applying to: _____

Parent(s) Name (s) _____

Why do you believe Cortelyou Academy will be a good foundation for your child's elementary education? What are your academic plans for your child after Cortelyou?

Please identify your child's academic strengths and weaknesses? This will help us better support your child.

What extracurricular activities does your child participate in OUTSIDE of school?

How can your family support the school in assisting with your child's education?

Parent #1 Signature _____ Date _____

Parent #2 Signature _____ Date _____



Cortelyou Early Childhood Center, Inc.

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Gym Uniform & Cortelyou Pride Shirt Order Form

Child's name: _____

Price List

Gym Uniform: Size: \$ per set (Jacket & Pants)

Jacket & Pants (set) Quantity:

Subtotal:

Spirit T-Shirt: Size:

Short or Long Sleeve Sleeve Length:

Quantity:

Subtotal*:

Youth: Short Sleeve = \$15
Long Sleeve = \$17

Adult: Short Sleeve = \$20
Long Sleeve = \$22

*please enter the subtotal manually.

Total Cost:

Due on upon submission

Parent's Signature: _____

Date: _____



Cortelyou Performing Arts Program 2024-2025

Cortelyou Academy incorporates a performing arts program into our school's curriculum. The program will introduce students to the performing arts, which include dance, theatre arts, chorus and vocal technique and private instrument lessons. We believe this new addition to our program will enrich our student's academic performance and overall academic record/portfolio.

Students will be given the opportunity to perform on stage twice per the academic year. This will be an opportunity for parents to see what they have learned during their performing arts periods. We do hope that the new program will encourage students to speak up, speak publicly and to not be afraid of public speaking and performing for large groups. This will allow our students to have an appreciation for the theatre arts and possibly to become public speakers and leaders within their community. Also, it will definitely be a pleasant addition to their academic curricula.

***Note:** Drums Fee = \$1,000 (\$500 p/semester)
Other instruments = \$1,500 (\$750 p/semester)

The program options available are as follows:

Option A Dance	Option B Chorus	Option C Instrument Lessons	Option D Arts & Crafts	Option E Robotics
Materials Needed: Girls - Black Leotard, Tights, Black biker or dance shorts, and black dance shoes. Boys - White T-Shirt, Black comfortable pants, black dance shoes.	Materials Needed: None	Materials Needed: - Keyboard/Piano - Guitar - Violin - Drums (*\$1,000) Services provided by Talent Under One Roof Inc.	Materials Needed: None	Materials Needed: None
Cost: \$850 per year or \$425 per semester Due Dates: 10/7/2024 & 2/5/2025	Cost \$350 per year or \$175 per semester Due Dates: 10/7/2024 & 2/5/2025	Cost: \$1,500 per year or \$750 per semester Due Dates: 10/7/2024 & 2/5/2025	Cost: \$350 per year or \$175 per semester Due Dates: 10/7/2024 & 2/5/2025	Cost: \$500 per year or \$250 p/ semester Due Dates: 10/7/2024 & 2/5/2025

***IMPORTANT:** Space is limited to a certain capacity for each program, so please ensure that you have a back up option in case your first choice was unavailable.

The Performing Arts Program runs from 10 to Noon every Friday, starting October 4th, 2024. **The commitment to your child's performing arts option is for the entire school year.**

Child's Name _____ Grade in September 2024 _____

Option A: Dance

Option B: Chorus

Option C: Instrument Lessons; specify the instrument here _____

Option D: Arts & Crafts

Option E: Robotics

HEALTH RECORD FOR CHILDREN IN DAY CAMP, AFTERSCHOOL & YOUTH CENTERS

(This side is to be completed by Parent before presenting to Physician)

NAME OF PROGRAM: Cortelyou Early Childhood Center

CHILD'S LAST NAME

CHILD'S FIRST NAME

DATE OF BIRTH

☐ FEMALE ☐ MALE

HOME ADDRESS

CITY/STATE/ZIP CODE

HOME TELEPHONE NUMBER

PARENT'S OR GUARDIAN'S NAME

CONTACT TELEPHONE

FATHER'S PLACE OF EMPLOYMENT

TELEPHONE

MOTHER'S PLACE OF EMPLOYMENT

TELEPHONE

IN CASE OF EMERGENCY-NOTIFY

TELEPHONE

IF PARENT OR GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY: (FAMILY PHYSICIAN)

1. _____

OR

TELEPHONE

2. _____

TELEPHONE

IMPORTANT: Please notify Camp Officials if Child was/is exposed to any communicable disease at anytime three weeks prior to Camp attendance.

☐ NO ☐ YES If YES, please give type of exposure:

HEALTH HISTORY (Check, giving approximate dates):

Asthma: _____ Behavior: _____ Chicken Pox: _____

Convulsion: _____ Diabetic: _____ Ear Infection: _____

Hay Fever: _____ Insect Stings: _____ Ivy Poisoning, etc: _____

Measles: _____ German Measles: _____ Mumps: _____

Past Illness: _____ Contagious illness: _____

Other Drugs: _____ Penicillin: _____ Rheumatic Fever: _____

Operations or Serious Injuries (Dates): _____

Hospitalization: _____

Chronic or Recurring Illness: _____

Other Diseases or details of above: _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

Permission for all program activities unless otherwise noted by physician:

Suggestion from Parent(s) or Guardian: _____

SIGNIFICANT HEALTH HISTORY AND CURRENT CONDITIONS

PLEASE LIST:

Medication taken: _____

Appliance worn (Glasses, Hearing Aid, etc.): _____

Conditions that modify activity (seizures, asthma, heart condition, etc.): _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give my consent/authority to the Staff of the Day Camp, year round Afterschool, and Youth Center Program to obtain the necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship: _____ Signature: _____ Telephone: _____ Date: _____

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the need of the aforementioned Child in Day Camp and Afterschool and Youth Center programs.

DPT or DT or TD –	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____
POLIO -	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____
MEASLES-	DATE: _____				
MUMPS-	DATE: _____				
RUBELLA-	DATE: _____				

Tuberculin Test given: _____ (most recent) Result: _____ ☐ ☐
m m

CODE: **S** = SATISFACTORY **X** = NOT SATISFACTORY (EXPLAIN) **O** = NOT EXAMINED

HEIGHT	WEIGHT	BLOOD PRESSURE	HGB. TEST
URINALYSIS	POSTURE & SPINE	THROAT/TONSILS	
EYES	VISION	GLASSES	EXTREMITIES
HEART	EARS	HEARING	FEET
LUNGS	SKIN	NOSE	TEETH
ABDOMEN	HERNIA	GENITALIA	

DESCRIBE ABNORMAL FINDINGS AND/OR HANDICAPPING CONDITIONS:_____

ADDRESS _____ CITY/STATE _____ ZIP CODE _____

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: Cortelyou Early Childhood Center

Print the name of the child(ren) enrolled in this child care center:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if anyone in your household:

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPRI)
4. Currently has a foster child enrolled in day care

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPRI Number _____
Foster Child's Name _____
Foster Child's Personal Monthly Income \$ _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Date: _____</p>
FOR SPONSOR USE ONLY
Sponsor Agreement Number <u>3409</u>
Total Household Members _____
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Signature of Determining Official _____
Date Determined ____ / ____ / ____

Complete SECTION B if SECTION A does not apply:

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION B	
<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received last month in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p>	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# _____ - _____ - _____ Date: _____</p>	

DAY CARE CENTER ENROLLMENT FORM

Center Name: **CORTELYOU EARLY CHILDHOOD CENTER**

Child's Name: _____

Male _____ Female _____ Date of Birth _____ Home Phone _____

Home Address _____

Mother/Guardian Name _____

Father/Guardian Name _____

Parent/Guardian Address and Phone, if different _____

In case of emergency, notify _____ Phone _____

Second person to notify _____ Phone _____

Physician's name _____ Phone _____

TIME MEALS SERVED

Breakfast _____ am to _____ am Lunch _____ am/pm and _____ pm Afternoon Snack _____ pm to _____ pm

If your child is in care during these times, he/she will receive the meal or snack that is being served.

What days will your child usually be at the center? M _____ Tu _____ W _____ Th _____ F _____ Sat _____ Su _____

What hours will your child usually be at the center? Arrive _____ am pm

Depart _____ am pm

Signature of a parent/guardian _____ Date _____



After 1 year of care

Is all the information above still correct? Yes _____ No _____

If no, what has changed? _____

Signature of a parent/guardian _____ Date _____

Section 9

Unless you list the Food Stamp, TANF or FDPIR number for the child or a household member or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the Social Security Number of the household member signing the application or indicate that the household member signing the application does not have a Social Security Number. You do not have to list a Social Security Number, but if a Social Security Number is not listed or an indication is not made that the adult household member signing the application does not have a Social Security Number, CACFP cannot approve the application. The Social Security Number may be used to verify the correctness of the information stated on the application. This may include program reviews, audits and investigations and may include contacting employers to determine income, contacting a Food Stamp, TANF or FDPIR office to determine current certification for Food Stamp, TANF or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee or military retirement, or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) military benefits received in cash, such as housing allowance; and (14) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR COMPLETING DOH-3688

Instructions for Parents or Guardians:

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACD or DSS child care subsidy number) and sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, complete Section A only. Write in the foster child's name and any income that the child receives from social services for his or her personal use. Write in 0 if the foster child does not receive any income. A separate application must be completed for each foster child. The foster parent or an official who represents the child must sign and date the form and then return it to the child care center.

Section B: Write in the names of all the people living in your household, even if they do not have any income. Include yourself and all other adults and children in the household, including unrelated people. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income. The signature and Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*.

Instructions for Centers and Sponsors:

The For Sponsor Use Only section is to be completed, signed and dated by child care center or sponsor staff.

The sponsor/center representative must review the income eligibility application and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The sponsor agreement number.

Total household members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care.

Total Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the application must be categorized as *paid*.

Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete applications (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility application is valid until the last day of the month one calendar year from the date of submission. For example, a form submitted on May 12, 2010 is valid until May 31, 2011.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors ***must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.*** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers “Yes” to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are “Yes,” individuals **cannot** enter the program. If the answers are “No” to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer “No” to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing *ANY* of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered “NO” to all questions, you have passed and may enter the program.

If you have answered “YES” to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature

Date

Signature

Date

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.