



## RECREATION AFTER-SCHOOL PROGRAM (RAP)



ARTS & CRAFTS

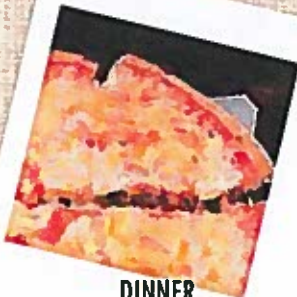


SOCIALIZING



MUSIC

BOWLING



DINNER  
WITH FRIENDS

FITNESS



**WHAT:** AFTER-SCHOOL SOCIALIZATION PROGRAM FOR TEENS & YOUNG ADULTS WITH SPECIAL NEEDS Ages 11-21

**WHERE:** KULANU • 620 CENTRAL AVE • CEDARHURST, NY 11516

**WHEN:** MONDAYS-THURSDAYS 4:00-6:00PM (SEPT. 2015-JUNE 2016)

For more information contact Amy Eisenberg 516-569-3083 x138 or [amy@kulanukids.org](mailto:amy@kulanukids.org)

[www.kulanukids.org](http://www.kulanukids.org)



## 2015-2016 RAP Registration Form

Child's Name (First & Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: (CIRCLE)    M    F                      Home Phone number: (    ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you hear about RAP? \_\_\_\_\_

If you have more than one child to enroll, please make and complete additional copies of this form for each child.

### RECREATION AFTER-SCHOOL PROGRAM (RAP)

Mon-Thurs 4:00pm-6:00pm  
September 16, 2015 -June 16, 2016

**@ Kulanu Center for Special Services**  
620 Central Avenue, Cedarhurst, NY 11516  
Check days you are interested in   
**MON**  **TUES**  **WED**  **THURS**

Days Attending	Monthly Rate	Pre-Paid Annual Amount
<b>1</b>	<b>\$100.00</b>	<b>\$850.00</b>
<b>2</b>	<b>\$180.00</b>	<b>\$1,550.00</b>
<b>3</b>	<b>\$250.00</b>	<b>\$2,150.00</b>
<b>4</b>	<b>\$320.00</b>	<b>\$2,750.00</b>

**Payable Monthly or Annually.**

Monthly payments are due 1<sup>st</sup> of every month, Sept.-June.

One-time payment for entire program period is due September 1, 2015.

**ABSOLUTELY NO REFUNDS OR DISCOUNTS DUE TO ABSENCES, ILLNESS OR WITHDRAWALS**

# RECREATION AFTER-SCHOOL PROGRAM (RAP)

Registration Form 2015-2016 (cont'd)

## Social Services Payment Form

Checks payable to: Kulanu  
Mail to: Kulanu, PO Box 305, Cedarhurst, NY 11516

- Check here if you want to pre-pay the program fee (one-time yearly rate) based on how many days per week of attendance
- \$850.00 for 1 day per week
  - \$1,550.00 for 2 days per week
  - \$2,150.00 for 3 days per week
  - \$2,750.00 for 4 days per week

OR

Please charge my credit card as indicated below on the first of each month

Credit Card (3% surcharge) check box:  American Express    MasterCard    VISA  
 Discover Card

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_ Signature \_\_\_\_\_

**Many businesses offer their employees a Matching Gift Program. This creates an easy way for the donor to increase the size of the gift- by having the company the donor works for- match the gift they provide.**

- Check here if your employer offers a Matching Gift Program

Name of Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**ABSOLUTELY NO REFUNDS OR DISCOUNTS DUE TO ABSENCES. ILLNESS OR WITHDRAWALS**

Kulanu evaluates children's appropriateness for programs on an ongoing basis and reserves the right to terminate any student enrollment during the course of a program.

[www.kulanukids.org](http://www.kulanukids.org)



PLEASE ATTACH A  
RECENT PHOTO OF  
YOUR CHILD

## Applicant Information Form 2015-2016

New members please fill out entire packet  
Returning members please update information

**Personal Information:**

Child's Name (first & last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Phone Number: ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Preferred E-Mail Address: \_\_\_\_\_

If divorced, please indicate custody arrangement:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Medical Information:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Disability/Disabilities (please list diagnosis/diagnoses): \_\_\_\_\_  
\_\_\_\_\_

**Medication(s) currently taking:**

Medication Name	Reason for taking	Dosage	Specific times taken each day

**Allergies:**

\_\_\_yes \_\_\_no If yes, please specify: \_\_\_\_\_

Peanut/Nut Allergy: \_\_\_yes \_\_\_no

Does your child use an Epi-Pen? \_\_\_yes \_\_\_no

Please describe reaction and intervention to allergies: \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions: \_\_\_yes \_\_\_no if yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Does your child need mobility assistance:  yes  no

If yes, please explain: \_\_\_\_\_

Does he/she use a wheelchair?  yes  no

Does he/she wear an orthopedic brace(s)?  yes  no

Does your child have a seizure disorder?  yes  no

If yes, how frequently does she/he have seizures? \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Does your child wear a protective helmet?  yes  no

Does your child wear glasses, contacts, protective eye wear?  yes  no

**Toileting Concerns:**

Does your child indicate when he/she needs to use the restroom?  yes  no

If no, please explain: \_\_\_\_\_

Does your child need assistance in the bathroom?  yes  no

If yes, please explain: \_\_\_\_\_

Does your child require diapers?  yes  no

**Behavior/Personality/Communication:**

Describe your child on his/her best day:

\_\_\_\_\_

Describe the best way to get your child involved in an activity:

\_\_\_\_\_

Does your child display aggressive behavior?  yes  no

If yes, please explain: \_\_\_\_\_

What triggers this behavior(s)? \_\_\_\_\_

Is there a Behavior Intervention Plan (BIP) implemented at school?  yes  no

**\*\*\*\*If yes, please attach the Behavior Intervention Plan (BIP) to this application\*\*\*\***

Does your child have a history of eloping? Walking away from events?  yes  no

If yes, when does this occur and how can this be prevented? \_\_\_\_\_

Does your child have any phobias/fears? (i.e., fear of large crowds, fear of heights, etc.)?  yes  no

If yes, please explain: \_\_\_\_\_

Are there any settings or activities that may cause behavior difficulties (i.e., loud sounds, flashing lights, etc.)?

yes  no

If yes, please explain: \_\_\_\_\_

Please describe the best way to introduce or explain a new task or transitions:

\_\_\_\_\_

Please indicate what types of things/tasks would possibly frustrate or anger your child:

\_\_\_\_\_

Please indicate the best way to redirect or engage your child's attention:

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Please circle which form(s) of communication your child uses:

Sounds      Gestures      Verbal Language      Sign Language      Communication Board  
Communication Device (provided)      Other: \_\_\_\_\_

**Interests/Activities:**

List at least three activities your child enjoys participating in:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_

Please list activities your child does NOT enjoy:

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List reinforcements that your child is willing to work for( i.e. verbal, food (what type), check list, etc.)

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**Required Documents**

Please submit the following documents along with this completed application to:

**Kulanu , 620 Central Avenue, Cedarhurst, NY 11516 (Attn: Amy Eisenberg)**

- Copy of your child's Current Individualized Education Plan (IEP)
- Current physical examination from doctor (signed and dated)
- Copy of your child's Social-Emotional report (usually completed by school district every three years)
- Psychological Evaluation (within 3 years)
- Behavior Intervention Plan (BIP), if applicable
- OPWDD Letter of Eligibility, if applicable

**Consents:**

I hereby give consent to Kulanu to:

- Obtain emergency medical care or treatment, to be used only if I cannot be reached immediately.      \_\_\_ yes \_\_\_ no
- Take photographs of my child to be used for publicity, social media, educational purposes or professional training.      \_\_\_ yes \_\_\_ no
- Videotape my child during the program for publicity, social media, educational purposes or professional training.      \_\_\_ yes \_\_\_ no

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# RECREATION AFTER-SCHOOL PROGRAM (RAP)

## 2015-2016 CALENDAR

DAYS: Monday-Thursday TIME: 4:00 PM-6:00 PM  
 DROP OFF/PICK UP LOCATION: KULANU CENTER FOR SPECIAL SERVICES  
 620 CENTRAL AVE., CEDARHURST, NY 11516  
 516-569-3083

<p><b>SEPTEMBER 2015</b></p> <p>9/16 <b>FIRST DAY OF PROGRAM</b>, 9/17          9/21, (NO PROGRAM 9/22, 9/23 /Yom Kippur), 9/24          Week of 9/28 (NO PROGRAM/Sukkot)</p>	<p><b>FEBRUARY 2016</b></p> <p>2/1, 2/2, 2/3, 2/4          2/8, 2/9, 2/10, 2/11          2/15 (NO PROGRAM/Presidents' Day), 2/16, 2/17, 2/18          2/22, 2/23, 2/24, 2/25          2/29</p>
<p><b>OCTOBER 2015</b></p> <p>10/7, 10/8          10/12 (NO PROGRAM/Columbus Day), 10/13, 10/14, 10/15          10/19, 10/20, 10/21, 10/22          10/26, 10/27, 10/28, 10/29</p>	<p><b>MARCH 2016</b></p> <p>3/1, 3/2, 3/3          3/7, 3/8, 3/9, 3/10          3/14, 3/15, 3/16, 3/17          3/21, 3/22, 3/23, 3/24 (NO PROGRAM/Purim)</p>
<p><b>NOVEMBER 2015</b></p> <p>11/2, 11/3 (NO PROGRAM/Election Day), 11/4, 11/5          11/9, 11/10, 11/11 (NO PROGRAM/Veteran's Day), 11/12          11/16, 11/17, 11/18, 11/19          11/23, 11/24, 11/25 11/26 (NO PROGRAM/Thanksgiving)          11/30</p>	<p><b>APRIL 2016</b></p> <p>4/4, 4/5, 4/6, 4/7          4/11, 4/12, 4/13, 4/14          4/18, 4/19, 4/20, 4/21 (NO PROGRAM)          Week of 4/25 (NO PROGRAM/SPRING BREAK)</p>
<p><b>DECEMBER 2015</b></p> <p>12/1, 12/2, 12/3          12/7, 12/8, 12/9, 12/10          12/14, 12/15, 12/16, 12/17          12/21, 12/22, 12/23, 12/24          12/28, 12/29, 12/30, 12/31</p>	<p><b>MAY 2016</b></p> <p>5/2, 5/3, 5/4, 5/5          5/9, 5/10, 5/11, 5/12          5/16, 5/17, 5/18, 5/19          5/23, 5/24, 5/25, 5/26          5/30 (NO PROGRAM/Memorial Day), 5/31</p>
<p><b>JANUARY 2016</b></p> <p>1/4, 1/5, 1/6, 1/7          1/11, 1/12, 1/13, 1/14          1/18 (NO PROGRAM/MLK Day), 1/19, 1/20, 1/21          Week of 1/25 (NO PROGRAM) WINTER RECESS</p>	<p><b>JUNE 2016</b></p> <p>6/1, 6/2          6/6, 6/7, 6/8, 6/9          6/13 (NO PROGRAM/Shavous), 6/14, 6/15, 6/16 <b>LAST DAY OF PROGRAM</b></p>

### CANCELLATIONS

If the program is cancelled due to a snowstorm or other weather related event, there will be a recorded message at 516-569-3083.