

# Beacon Rec After School Programs 2024-2025 Tuition Assistance



Thank you for your interest in the Beacon Recreation After School programs.

To apply for tuition assistance, you must be eligible for free/reduced lunch status with the Beacon Central School District (BCSD). Please fill out and return the following document from BCSD as instructed on the form. If deemed eligible for tuition assistance, you may enroll your child(ren) at a discounted rate of **50% off tuition for up to three days of programming.** These spaces (as well as spaces in the program in general) are available on a first-come, first serve basis. To secure your space, please submit the following:

**1. Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form (following)**

Should you be found to be ineligible for tuition assistance, you will have the opportunity to either pay the balance or withdraw from the program. Once approved, you are approved for the full school year.

**2. Complete After School Program Registration**

Register at <https://beaconny.myrec.com/>

**3. Program Tuition**

Should you be found to be ineligible for tuition assistance, you will have the opportunity to either pay the balance or withdraw from the program with prorated tuition.

All other registration deadlines apply.

In addition to tuition assistance, please note that if your family qualifies for Department of Social Services (DSS) Child Care Assistance, DSS will pay some or all of the tuition for the program. Please speak with us further for more details.

Scholarships may also be available. Please speak with us if you are looking for a scholarship opportunity.

## 2024/ 2025 After School Program Tuition

- One day per week – \$175.00 per session
- Two days per week – \$350.00 per session
- Three days per week – \$525.00 per session
- Four days per week – \$700.00 per session
- Five days per week – \$875.00 per session(\$3500 annually)



## BEACON CITY SCHOOL DISTRICT

Food Service Office  
29 Education Drive  
Beacon, New York 12508  
845-838-6900 phone

Ms. Ann Marie Quartironi  
Deputy Superintendent

Dr. Matthew Landahl  
Superintendent of Schools

2024-2025 School year

We are pleased to inform Families that Beacon City School District will be implementing a meal certification option available to schools participating in the National School Lunch and School Breakfast Programs for 2024-2025 for All students enrolled at Beacon High School, Rombout Middle School, Sargent Elementary, J.V.Forrestal Elementary, South Ave Elementary and Glenham Elementary are eligible to receive a healthy breakfast and lunch at school at no charge to your household each day of the 2024-2025 school year. You do not need to complete an application for these meal benefits.

*You have selected to complete the Household income form to certify your child for other benefits with Free/Reduced Meal eligibility*

*This letter is to confirm results of that Family Income form.*

Your child is approved/eligible for fee waivers as noted:

College applications, College board fee, scholarship programs,  
NCAA fee, PSAT and SAT fee, and AP exam reductions.  
Beacon Recreation after school program tuition waivers (Elementary Schools)

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Community Eligibility Provision (CEP)/Provision 2 non-base year  
Household Income Eligibility Form**

**Beacon City School District** is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call 845-838-6900 X 2012, if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: \_\_\_\_\_ CASE # \_\_\_\_\_

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address:  
Home Phone  
Work Phone  
Home Address

<b>DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY</b>		
<b>Annual Income Conversion (Only convert when multiple income frequencies are reported on application)</b>		
<b>Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12</b>		
SNAP/TANF/Foster Income	Total Household Income/How Often:	Household Size:
Free Eligibility	Reduced Eligibility	Denied Eligibility
<b>Signature of Reviewing Official</b>		

**CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS**

**PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.**

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
  - (2) List their grade and school.
  - (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.
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**PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
  - (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.
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**PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.**

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
  - (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
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**PRIVACY ACT STATEMENT**

The Board recognizes its responsibility to enact policies that protect student privacy, in accordance with law.

## Disposición de Elegibilidad Comunitaria (CEP)/Disposición 2 en año no básico

### Formulario de elegibilidad para ingresos de vivienda

participa en la Disposición de Elegibilidad Comunitaria (por sus siglas en inglés, "CEP") o Disposición 2 en un año no básico. Todos los niños de la escuela recibirán comidas y leche sin costo, sin importar los ingresos de su hogar o si llenaron este formulario. Este formulario tiene la finalidad de determinar la elegibilidad para beneficios adicionales de programas estatales y federales que sus hijos podrían recibir. Lea las instrucciones al reverso, llene **solamente un** formulario por hogar, firmelo y entréguelo a la escuela arriba mencionada. Llame al **\_\_\_\_\_** si necesita ayuda.

1. Escriba los nombres de todos los niños de su hogar que asisten a la escuela:

Nombre del estudiante	Escuela	Grado/Maestro	Hijo de acogida	Sin ingresos

2. Beneficios de SNAP/TANF/FDPIR:

Si algún miembro de su hogar recibe beneficios de SNAP, TANF o FDPIR, escriba su nombre y número de CASO aquí. Vaya a la parte 5 y firme la solicitud.

Nombre: \_\_\_\_\_

N.º de caso: \_\_\_\_\_

3. Ingresos brutos del hogar: Escriba los nombres de todas las personas que viven en su hogar, cuál es su sueldo y con qué frecuencia lo reciben (semanal, cada dos semanas, dos veces al mes, mensual). No deje el ingreso en blanco. Si no tiene ingresos, marque la casilla correspondiente. Si mencionó a un hijo de acogida antes, debe incluir sus ingresos personales.

Nombre del miembro del hogar	Ingresos del trabajo antes de deducciones <i>Cantidad / Frecuencia</i>	Manutención de menores, pensión por divorcio <i>Cantidad / Frecuencia</i>	Pensiones, pagos por jubilación <i>Cantidad / Frecuencia</i>	Otros ingresos, Seguro Social <i>Cantidad / Frecuencia</i>	Sin ingresos
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	

4. Firma: Un miembro adulto del hogar debe firmar esta solicitud.

Certifico (prometo) que toda la información en esta solicitud es veraz y que se han incluido todos los ingresos. Entiendo que la información se proporciona con el fin de que la escuela pueda recibir fondos federales. Los funcionarios escolares pueden verificar la información, y en caso de que haya proporcionado información falsa de manera deliberada puedo ser procesado de acuerdo con las leyes federales y estatales aplicables, y mi hijo puede perder los beneficios de comidas.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Dirección de correo electrónico: \_\_\_\_\_

Teléfono de residencia \_\_\_\_\_

Teléfono de trabajo \_\_\_\_\_

Domicilio \_\_\_\_\_

NO ESCRIBA EN ESTE CUADRO – SÓLO PARA USO DE LA ESCUELA
<p style="text-align: center;"><b>Conversión de los ingresos anuales (convierta solamente cuando se informen frecuencias de ingresos distintas en la solicitud) Semanal X 52; Cada dos semanas (catorcenal) X 26; Dos veces al mes X 24; Mensual X 12</b></p> <p style="text-align: center;">SNAP/TANF/Acogida</p> <p style="text-align: center;">Ingresos del hogar: Ingresos totales del hogar/Frecuencia: _____ / _____ Tamaño del hogar: _____</p> <p style="text-align: center;">Elegibilidad gratuita    Elegibilidad reducida    Elegibilidad denegada</p> <p style="text-align: center;"><b>Firma del funcionario que revisa:</b> _____</p>

## INSTRUCCIONES del formulario de ingresos del hogar para CEP/Disposición 2 en año no básico

### **PARTE 1 TODOS LOS HOGARES DEBEN LLENAR LA INFORMACIÓN DEL ESTUDIANTE. NO LLENE MÁS DE UN FORMULARIO PARA SU HOGAR.**

- (1) Escriba en un solo formulario y con letra de molde los nombres de los niños para los que presenta la solicitud, incluyendo a los hijos de acogida.
- (2) Escriba sus grados y escuelas.
- (3) Marque la casilla para indicar a un hijo de acogida que vive en su hogar, y marque la casilla para cada hijo sin ingresos.

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### **PARTE 2 LOS HOGARES QUE RECIBEN SNAP, TANF O FDPIR DEBEN LLENAR LA PARTE 2 Y FIRMAR LA PARTE 4.**

- (1) Escriba el número de caso vigente de SNAP (siglas en inglés del Programa de Asistencia Nutricional Suplementaria), TANF (siglas en inglés de Asistencia Temporal para Familias Necesitadas) o FDPIR (siglas en inglés del Programa de Distribución de Alimentos en Reservaciones Indias) de todas las personas que viven en su hogar. No use el número de 16 dígitos que aparece en su tarjeta de beneficios. El número de caso se encuentra en su carta de beneficios.
- (2) Un miembro adulto del hogar debe firmar la PARTE 4 del formulario. **OMITA LA PARTE 3** - No escriba los nombres ni los ingresos de los miembros del hogar si incluyó algún número de SNAP, TANF o FDPIR.

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### **PARTES 3 Y 4 TODOS LOS DEMÁS HOGARES DEBEN LLENAR EN SU TOTALIDAD LAS PARTES 3 Y 4.**

- (1) Escriba los nombres de todos los miembros de su hogar, reciban o no ingresos. Inclúyase a usted mismo, a los hijos por los que llena la solicitud, a todos sus demás hijos, a su cónyuge, a los abuelos y a las demás personas, con o sin parentesco, que viven en su hogar. Use otra hoja de papel si necesita más espacio.
  - (2) Escriba el monto de los ingresos actuales que recibe cada miembro del hogar, antes de impuestos y de cualquier deducción, e indique de dónde proviene, como ingresos, beneficencia, pensiones u otros ingresos. Si los ingresos actuales fueron mayores o menores de lo usual, escriba los ingresos usuales de la persona. **Especifique con cuánta frecuencia recibe este monto de ingresos; semanal, cada dos semanas (catorcenal), 2 veces al mes, mensual. Si no tiene ingresos, marque la casilla correspondiente.** El valor del cuidado de niños provisto u organizado, así como cualquier monto recibido como pago por dicho cuidado de niños y reembolso por costos incurridos debido a dicho cuidado de acuerdo con el Subsidio en Bloque para Cuidado y Desarrollo de Niños, TANF y Programas de Cuidado de Menores en Situación de Riesgo, **no** debe considerarse como ingreso para efectos de este programa.
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### DECLARACIÓN DE LA LEY DE PRIVACIDAD

**Inserte aquí la declaración de política de privacidad de la Agencia Educativa Local.**