



# PATTYCAKE PLAYHOUSE ON 32, LLC

early childhood learning center

262 Windsor Highway

New Windsor, New York 12553

(845) 245-4959 phone (845) 784-4357 fax

www.pattycakeplayhouse.com

## 2017-2018 Registration

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Child's Nickname: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

School District: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address for Communication: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Parent/ Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about us? (if referred, please include the name of the person who referred you): \_\_\_\_\_

Program: _____ Infant (8 weeks- 18 months) 6:30am-6:00pm	Days: M T W Th F
_____ Toddler (18 months- 3 years) 6:30am-6:00pm	Days: M T W Th F
_____ Preschool (3 years- 4 years) 6:30am-6:00pm	Days: M T W Th F
_____ PreK (4 years- 5 years) 6:30am-6:00pm	Days: M T W Th F

Please check one of the following:

\_\_\_\_\_ My child will be participating in the Full Year (12 month) program.

\_\_\_\_\_ My child will be participating in the School Year (10 month) program.

\_\_\_\_\_ My child will be participating in the Summer Camp (2 month) program.

### To be completed by the Office:

Personnel Administering the Tour: \_\_\_\_\_

Scheduled Start Date: \_\_\_\_\_ Registration Fee Payment Information: \_\_\_\_\_

Key Numbers: \_\_\_\_\_ Key Payment information: \_\_\_\_\_

\_\_\_\_\_ Private Pay \_\_\_\_\_ Child Care Aware (active duty military)

## Emergency Contact/ Pick Up Information

In the event that parents/ guardians cannot be reached, please list emergency contacts. All individuals listed below are also authorized to pick up your child in the instance that parents/ guardians cannot pick up. These individuals should always bring ID and must report to the office upon entering the building. You should list contacts that live nearby for emergency purposes. Please list contacts in the order they should be reached. We always attempt to reach parents/ guardians first.

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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## Medical Information

Child's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Pre-Existing Medical Conditions (i.e. febrile seizures, asthma, etc.): \_\_\_\_\_

Surgeries: \_\_\_\_\_ Medications taken regularly: \_\_\_\_\_

Allergies/ Food Restrictions: \_\_\_\_\_

When I get sick, it is often accompanied by the following symptoms: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's Date of Birth: \_\_\_\_\_

Subscriber's Relationship to Patient: \_\_\_\_\_

## Developmental Goals & Concerns

My family believes I have the following strengths: \_\_\_\_\_

A few things my family and I hope I will do this year are: \_\_\_\_\_

I receive Early Intervention/ Preschool Special Education services: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Previously

Please explain services that are in place and their frequency: \_\_\_\_\_

I am interested in receiving information on Early Intervention/ Preschool Special Education services: \_\_\_\_ Yes \_\_\_\_ No

Please explain your concerns: \_\_\_\_\_

## Family History

My personality is generally: \_\_\_\_\_ Is your child potty trained? \_\_\_\_\_

List siblings that live in the home (include ages): \_\_\_\_\_

Are there any special conditions we should know about (i.e. divorce, separation, order of protection, custody documents, etc.)?: \_\_\_\_\_

Religion Practiced: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

May I have treats on special occasions that deviate from what my parents provide in my lunchbox? \_\_\_\_ Yes \_\_\_\_ No

I have the following fears: \_\_\_\_\_

Has your child ever been in daycare? If so, why did you terminate enrollment?: \_\_\_\_\_

I have received, read, and understand the 2017-2018 policy statement of Pattycake Playhouse on 32, LLC and I am in complete agreement with the said terms. I will keep a copy of these policies, as I am aware that they will be strictly enforced.

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

I understand that tuition is due regardless of attendance, holidays, and emergency closings. I understand that late fees will be assessed in accordance to the said terms in the policy statement. The monthly rate at enrollment is \$ \_\_\_\_\_ (rate is subject to change based on increased or decreased days).

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

I give permission to Pattycake Playhouse on 32, LLC to seek any and all emergency medical treatment for my child in the event that I cannot be contacted immediately. Pattycake Playhouse on 32, LLC will have permission to facilitate appropriate medical treatment for my child until EMS arrives on the scene. EMS has permission to transport my child to the nearest hospital in an emergency.

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

I give permission for Pattycake Playhouse on 32, LLC to photograph my child and use such photographs in advertising/ literature, website updates, Pattycake Playhouse on 32's Facebook page, newspaper articles, as well as Brightwheel updates and classroom displays.

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

I accept full responsibility for my child's transportation to and from Pattycake Playhouse on 32, LLC. I clearly understand the fees that will be applied should my child not be picked up by 6:00pm. I agree to transport my child as per NYS Motor Vehicle safety laws and understand that Pattycake Playhouse may contact the authorities should they observe otherwise.

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

I give my child permission to attend activities at Promenade Senior Day Center, located directly behind Pattycake Playhouse on 32, LLC. The activities for our Preschool and Pre-Kindergarten children include creating crafts, singing songs, and celebrating holidays. Infants and Toddlers participate in the annual Halloween parade. I understand that these interactions are always supervised in accordance with NYS Office of Children and Family Services child and staff ratio requirements.

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

My child has permission to participate in sprinkler play during the summer months. I will provide a towel, bathing suit, and water shoes (labeled with first and last name), as requested on designated days.

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

My child has permission to participate in outdoor snow play during the winter months. I will provide a snowsuit, gloves, hat, and boots (labeled with first and last name), as requested on designated days.

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

Should I have my child evaluated for early intervention or preschool services, I give permission for Pattycake Playhouse on 32, LLC. to share recent assessment results with any professional involved in the evaluation process.

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

I understand that if anything on this form changes while my child is enrolled in the program, it is my responsibility to contact administration and update this registration information immediately.

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

I have read and fully understand the health exclusion criteria as it pertains to illness. I agree to keep my child home when he/ she is feeling ill, in order to help maintain the health and safety of other children and staff in the center. I will notify the center if my child is diagnosed with a communicable illness. Additionally, I am aware that if my child's medical statement becomes past due, he/ she may be excluded from the program until current paperwork is submitted.

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