

**PATTYCAKE PLAYHOUSE, INC.**

early childhood learning center

5288 Route 9W

Newburgh New York 12550

(845) 562-6322 phone (845) 568-3240 fax

[www.pattycakeplayhouse.com](http://www.pattycakeplayhouse.com)

**2020-2021 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, who referred you?): \_\_\_\_\_  
Scheduled Start Date: \_\_\_\_\_

- |          |  |       |                    |   |   |    |   |
|----------|--|-------|--------------------|---|---|----|---|
| Program: | <input type="checkbox"/> Infant (8 weeks- 18 months) 6:30am-6:00pm             | Days: | M                  | T | W | Th | F |
|          | <input type="checkbox"/> Toddler (18 months- 3 years) 6:30am-6:00pm            | Days: | M                  | T | W | Th | F |
|          | <input type="checkbox"/> Preschool (3 years- 4 years) 6:30am-6:00pm            | Days: | M                  | T | W | Th | F |
|          | <input type="checkbox"/> PreK (4 years- 5 years) 6:30am-6:00pm                 | Days: | M                  | T | W | Th | F |
|          | <input type="checkbox"/> Before School (4 years- 10 years) 6:30am-8:30am       | Days: | M                  | T | W | Th | F |
|          | <input type="checkbox"/> After School (4 years- 10 years) 3:30pm-6:00pm        | Days: | M                  | T | W | Th | F |
|          | <input type="checkbox"/> Summer Camp (5 years-10 years) 6:30am-6:00pm          | Days: | varies per session |   |   |    |   |
|          | <input type="checkbox"/> Other (TBD based on School District reopening plans): |       |                    |   |   |    |   |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
Registration Fee Payment Information: \_\_\_\_\_  
Key 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: \_\_\_\_\_  
*Preferred* Hospital: \_\_\_\_\_  
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 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 2020-2021 policy statement of Pattycake Playhouse, Inc. 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 a majority of the communication with families will be done virtually through the Brightwheel platform, website, email, and facebook. I will be diligent in checking these sources regularly.

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

I understand that tuition is due regardless of attendance, holidays, emergency closings, and unanticipated acts of God. I understand that late fees will be assessed in accordance to the said terms in the policy statement. Credit card payments will be made via the Brightwheel platform.

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

I give permission to Pattycake Playhouse, Inc. to seek any and all emergency medical treatment for my child as per the emergency procedures set forth in this policy. Pattycake Playhouse, Inc. 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, Inc. to photograph my child and use such photographs in advertising/ literature, website updates, Pattycake'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, Inc. 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 participate in walks on North Hill Lane. Walks include holding onto a rope and/ or sitting in a stroller. First Aid bags and a cell phone always accompany classes on walks.

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

My child has permission to participate in sprinkler play during the summer months. I will provide sunscreen, 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, Inc. 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 maintain the health and safety of other children and staff in the center. I am aware that if my child's medical statement becomes past due, he/ she may be excluded from the program until paperwork is brought current.

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

