

NANA'S HOUSE CHILD CARE CENTER, INC.

19 LAKE LOUISE MARIE DRIVE

ROCK HILL, NY 12775

(845) 794-3826

WWW.NANASHOUSECHILDCARE.ORG

2019 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) 7:00am-6:00pm | Days: M T W Th F |
| _____ Toddler (18 months- 3 years) 7:00am-6:00pm | Days: M T W Th F |
| _____ Preschool (3 years-5 years) 7:00am-6:00pm | Days: M T W Th F |
| _____ Project Excel (4 years- 5 years) 3:30pm-6:00pm | Days: M T W Th F |
| _____ Before School (5 years- 10 years) 7:00am-8:30am | Days: M T W Th F |
| _____ After School (5 years- 10 years) 3:30pm-6:00pm | Days: M T W Th F |
| _____ Summer Camp (5 years-10 years) 7:00am-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: _____

Access Card Numbers: _____ Access Card Payment information: _____

_____ Private Pay _____ Child Care Aware (active duty military) _____ Department of Social Services

Resort World Employee _____ YES _____ NO Date of Disenrollment: _____

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: _____
Child's Dentist: _____ Telephone Number: _____
Preferred Hospital: _____
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 April 1, 2019 policy statement of Nana's House Child Care Center, 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 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. I am clear on the current tuition rates and understand that my payments are due the first full week of every month if I do not want to accrue late charges.

Parent Signature: _____ Date: _____

I give permission to Nana's House Child Care Center, Inc. to seek any and all emergency medical treatment for my child as per the emergency procedures set forth in this policy. Nana's House Child Care Center, 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.

Parent Signature: _____ Date: _____

I give permission for Nana's House Child Care Center, Inc. to photograph my child and use such photographs in advertising/ literature, website updates, Nana's House 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 Nana's House Child Care Center, Inc. I clearly understand the fees that will be applied should my child not be picked up by 6:00pm.

Parent Signature: _____ Date: _____

I give my child permission to participate in walks adjacent to the center's property. 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 Nana's House Child Care Center, 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 help maintain the health and safety of other children and staff in the center. 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: _____