

NEW BEGINNINGS OF KINGS PARK REGISTRATION FORM **SHEET 1 OF 5**

180 Lawrence Road Kings Park, NY 11754 (631) 663 KIDS (5437)

18 Months - Pre-school Forms

Registration Date: _____

School Year: _____

Child Information

First Name: _____ M.I. ____ Last Name: _____

Nickname: _____ Gender: Male Female Date of Birth: _____

Child's Address: _____

If child does not live with biological mother and/or father, please give any information that is important for NEW BEGINNINGS to know in caring for the child: (Example: divorce, separation, death, illness of parent or custody/adoption of child) _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dominant language spoken at home: _____

Please list names and ages all other children in the family (Siblings)

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Parent/Guardian Information**Parent/Guardian** First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

 Custodial Parent (If married, mark both parents) Email: _____**Parent/Guardian** First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

 Custodial Parent (If married, mark both parents) Email: _____**Where did you hear of NEW BEGINNINGS? (Circle appropriate choice)**

Yellow Pages Pennysaver Walk-In Internet Friend or Relative/Name Other _____

Parent or Guardian Authorization, Permission & Registration Request

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Unauthorized pick Up

* Brief description of why person is not permitted to pick up child

Name: _____ *: _____

Name: _____ *: _____

- _____ **1. I give permission for New Beginnings to seek emergency medical treatment for my child along with transportation to a hospital selected by New Beginnings. In the event that I cannot be contacted immediately. I authorize hospital health care providers to secure all necessary treatment for my child. I will assume responsibility for all expenses incurred.**
- _____ **2. I give permission for my child to participate in school- approved activities that include special visitors in the classroom.**
- _____ **3. If my child does not take a bus, I take responsibility to safely drop off and pick up my child at his classroom.**
- _____ **4. I give permission for my child to use all play equipment and participate in all of the activities of the school.**
- _____ **5. I agree to comply with the rules and regulations of New Beginnings as set forth in the Enrollment Handbook.**
- _____ **6. I give permission for my child to be included in pictures taken by New Beginnings which may be displayed on site or off site and/ or use on The New Beginnings of Kings Park website.**
- _____ **7. I give permission for New Beginnings to apply over the counter diaper ointment, sunscreen or lip balm that I supply.**
- _____ **8. I was given a copy of the parent handbook.**

NEW BEGINNINGS OF KINGS PARK REGISTRATION FORM

CHILD'S NAME		ELEMENTARY SCHOOL & DISTRICT					Number (office use)	
GROUP REQUESTED: 18 MONTHS (by start date) 2YRS 3YRS 4YRS 5YRS If your child does not meet the age of the group requested by the cut off date, your request must be approved by the director.								
CLASS REQUESTED	TIME	MON	TUES	WED	THUR	FRI		
AM Class	9-12:00PM							
Lunch	12-1:00PM							
Mini Day Class	10-3:00PM							
OR	9-2:00PM							
Full Day Class	9-4:00PM							

For Extended Hours Pre-K:

<i>Before Care Drop Off Time</i>	6:30-9AM	am	am	am	am	am	PV FS
<i>After Care Pick Up Time</i>	3-6:30PM	pm	pm	pm	pm	pm	PV FS

Tuition / Payment Information:

Current Tuition Amount: _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed on sheet #1.

Signature:

Signature of Parent or Guardian: _____ Date: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

General Agreement

1. Registration fees are **NONREFUNDABLE**.
2. Tuition is due on the first of the month, no later than the 7th of the month, regardless of the absences or school closings.
3. It is the parent or sponsor's responsibility on the first of the month to leave it in the tuition mailbox in the main office or mail it to New Beginnings, 180 Lawrence Road, Kings Park, NY. Checks should be made payable to New Beginnings with the child's name written on the front of the check. Do not leave cash in the tuition mailbox.
4. New Beginnings will apply a non-refundable \$100 holding fee for each month that is reserved for your child.
5. A late fee of \$25.00 will be charged for all tuition received after the 7th of the month. Also, a \$25 decline fee will be charged for all checks (including postdated checks) and credit cards.
6. There will be a \$10.00 per hour late fee when a child is picked up later or dropped off earlier than his/her scheduled time. We close at 6:30 pm. Late pick-ups are an inconvenience to our staff, it interferes with State Regulations, and are a reason to terminate the child's enrollment.
7. A discount of 5% will be given for prepayment of a full year (September to June). Annual tuition is due in full no later than September 1st in order to receive the discount. There will be a discount of 10% on the lower tuition for the second child of the same family.
8. New Beginnings cannot make any written or verbal agreements to a child's placement with a requested teacher or other children. If it is determined by New Beginnings that a child's placement is not appropriate for his/her requested or assigned class and program, the child's enrollment may be revised or terminated. New Beginnings reserves the right to cancel and /or combine classes.

Signature of Parent or Guardian

Date

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By signing above, I certify that I agree to all terms, conditions, and disclosures of this agreement and the New Beginnings Handbook, Registration is subject to examination of prior and current tuition records and approval by the school. To secure a schedule for your child, all forms, fees, and medical records must be submitted. An incomplete registration may not be accepted.

HEALTH AND SOCIAL RECORD NEW BEGINNINGS OF KINGS PARK REGISTRATION FORM

Child's Name:
Address:
Parent's Name:

PLEASE ANSWER THE FOLLOWING:		
Was the pregnancy for this child - full term?	YES	NO
*Explain:		
Any existing condition we that New Beginnings should be aware of?	YES	NO
*Explain:		
Is child able to fully participate in all activities?	YES	NO
*Explain:		
Does your child function at an age appropriate level?	YES	NO
*Explain:		
Allergies:	YES	NO
*Explain:		
Able to communicate:	YES	NO
*Explain:		
Special or restricted diet?	YES	NO
*Explain:		
Any problems at meal time?	YES	NO
*Explain:		
Toilet trained?	YES	NO
*Explain:		
Need to rest in the middle of the day?	YES	NO
*Explain:		

Does your child see the same health care provider (pediatrician, Nurse Practitioner) for all visits?	YES	NO
EXPLAIN:		
Does your child require any medication, therapy medical treatment or assessment while in childcare?	YES	NO
EXPLAIN:		
Does your child require one-on-one care-supervision on a regular basis for a significant period of time?	YES	NO
EXPLAIN:		
Does your child require any accommodation or modification in order to fully and equally enjoy and participate in New Beginnings group care setting?	YES	NO
EXPLAIN:		

To the best of my knowledge, the information I have provided and the statements I have made in this Health and Social Record are correct and complete. I understand that withholding or providing false information herein or in connection with the enrollment process may result in immediate disenrollment of my child. I further agree to update the information in this Health and Social Record as circumstances may require.

Parent/Guardian Signature

Date