

NEW BEGINNINGS - SUMMER PROGRAM - SCHOOL AGE - REGISTRATION FORM

- Hauppauge Location: 495 Hoffman Lane, Hauppauge, NY 11788 (631) 360 - 0039
 Kings Park Location: 180 Lawrence Road, Kings Park, NY 11754 (631) 663 KIDS (5437)
 Smithtown Location: 15 Ridgely Road, Smithtown NY, 11787 (631) 551-5449

School Year: _____

Registration Date: _____

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 to Pick Up

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 website/facebook.
- _____ 7. I give permission for New Beginnings to apply over the counter sunscreen or lip balm that I supply.
- _____ 8. I was given a copy of the parent handbook.

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Please fill in your hours in the boxes below corresponding with the weeks that your child will attend summer camp at New Beginnings.

Week # 1 July 5 - July 8 HOURS ____ TO ____	Week # 2 July 11 – July HOURS ____ TO ____	Week # 3 July 18 –July 22 HOURS ____ TO ____	Week # 4 July 25 –July 29 HOURS ____ TO ____	Week # 5 Aug 1 – Aug 5 HOURS ____ TO ____
Week # 6 Aug 8 – Aug 12 HOURS ____ TO ____	Week # 7 Aug 15 – Aug 19 HOURS ____ TO ____			

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?

Ice Cream & Pizza are all included.

Our summer program is safe, has educational value, and is especially fun!
 Crafts - Sports - Water Play - Gym - Games - Theme weeks - Indoor/outdoor sports Monday is
 Ice cream & Sports Day & Friday is Pizza day!

***Additional hours - \$15 an hour for the first child and an additional \$10 per child, per hour.**

GENERAL AGREEMENT

NEW BEGINNINGS - SUMMER PROGRAM - REGISTRATION FORM

1. Registration Fee is \$150 & \$75 each additional child. Registration fees are **NONREFUNDABLE**.
2. Tuition must be paid in full by June 1, 2022. There are no refunds for the Summer Program. **NO EXCEPTIONS**.
3. It is the parent or sponsor's responsibility to pay the Tuition in full and leave the Tuition in the Tuition Mailbox located in the main office/hallway. 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. A late fee of \$35 will be charged for each week your payment is not paid in full.
5. There will be a \$15 Late Pick-up or drop off early fee for your first child and \$10 fee for each additional child/per hour. We close at 6:30pm. Late pick-ups are an inconvenience to our staff, it interferes with State Regulations, and are a reason to terminate the child's enrollment. Any child picked up after 6:30pm will be charged \$1 for every minute you are late.
6. 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. I have read the Lead Poisoning article on the back of this agreement.

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

PLEASE ANSWER THE FOLLOWING:		
Has student ever been in a School – Age setting?	YES	NO
*Explain:		
Any existing condition that New Beginnings should be aware of?	YES	NO
*Explain:		
Is child able to fully participate in all activities?	YES	NO
*Explain:		
Allergies:	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 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 settings?	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

Permission from Parents - School Age

Permission to Use Sunscreen

My child, _____, may have sunscreen applied to exposed skin areas when going outside on warm, sunny days. I will provide a sunscreen with a sun protection factor (SPF) of 15 or higher (without Paba is recommended). Paba gives some children blotchy rashes. I will mark my child's name on his/her sunscreen PLASTIC container with a permanent marker.

Signature of Parent/Guardian: _____ Date: _____

Permission to Take Photos

My child, _____, may have their picture taken for entertainment purposes only.
Some pictures may be posted on our website and our Facebook page.

Signature of Parent/Guardian: _____ Date: _____

Permission to Use Topical Ointments

My child, _____, may have topical over the counter ointment such as:

Please circle all that apply, and list others if not shown below.

Neosporin - Triple Antibiotic Ointment - Bacitracin - Vaseline

Other _____

Signature of Parent/Guardian: _____ Date: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing **ANY** of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature

Date

/ /

Signature

Date

/ /

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.



NEW BEGINNINGS

Infant  Pre-School  Day Care

HAUPPAUGE  KINGS PARK  SMITHTOWN

631-360-0039 631-663-5437 631-551-5449

www.newbeginningslongisland.com

Dear Parents,

New Beginnings is a paperless school. Please provide us with one (1) parent email address so that you can receive all school correspondence.

Thank you.

Parents Name : _____

Student #1 Name: _____

Student #2 Name: _____

Email address: _____

Alyssa Petruzzo
Regional Director