

NEW BEGINNINGS - SUMMER PROGRAM - REGISTRATION FORM

Kings Park Location - 180 Lawrence Road, Kings Park, NY 11754 (631) 663-5437
Hauppauge Location - 495 Hoffman Lane, Hauppauge, NY 11788 (631) 360-0039

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 _____

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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 website.
- _____ 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 check the boxes below corresponding with the weeks that your child will attend summer camp at New Beginnings of Kings Park.

Week # 1 July 6 - July 9 _____	Week # 2 July 12 – July 16 _____	Week # 3 July 19 –July 23 _____	Week # 4 July 26 –July 30 _____	Week # 5 Aug 2 – Aug 6 _____
Week # 6 Aug 9 – Aug 13 _____	Week # 7 Aug 16 – Aug 20 _____			

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 \$5 per child, per hour.**

GENERAL AGREEMENT**NEW BEGINNINGS - SUMMER PROGRAM - REGISTRATION FORM**

1. Registration Fee is \$150 & \$50 each additional child. Registration fees are **NONREFUNDABLE**.
2. Tuition must be paid in full by May 1, 2021. 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 \$25 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 \$5 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.

HEALTH AND SOCIAL RECORD

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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