

Wuneechanunk Shinnecock Preschool
Enrollment Application
P.O. Box 5006, Southampton., NY• T. 631.318.4852 •

PAYMENT AGREEMENT

I am the parent or legal guardian of _____. The fee as set forth herein will be in effect until a new agreement is signed. The registration fee and first week's tuition will be paid at the time of submitting the payment agreement, unless otherwise waived.

- I understand that a registration fee of \$35.00 is required at the time of registration.
- I understand my weekly fee is \$_____
- I understand my weekly payment is due **Every Friday**.
- I understand that a late fee of \$5.00 will be applied for all late payments not received by the Wednesday following the Friday due date.
- If my child is not picked up by dismissal (5:30pm), I will be required to pay a late fee of \$10.00 for every 15 minutes after 5:30pm.
- I understand that there is a \$25.00 fee for returned checks.
- Two (2) weeks advance, written notice to the Wuneechanunk Shinnecock Preschool Director is required when withdrawing a child from the preschool. If two (2) weeks advance notice is not given, I will pay two weeks from the time notice is given.
- I have read and understand the Tuition and Co-Payment Policy of the Wuneechanunk Shinnecock Preschool and Child Care Program
- I understand that falling two (2) weeks behind in payments could result in the loss of childcare services provided by the Wuneechanunk Shinnecock Preschool.
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- I understand and agree to abide by these conditions for the duration my child's enrollment in the Wuneechanunk Shinnecock Preschool
- I have read and received an annual calendar detailing days of operation (Open days- exceeding mandatory minimum, Holidays and building closures.)

Parent/Guardian Signature: _____ Date: _____

FOR OFFICIAL USE ONLY	
Date Applied:	Weekly Payment: \$
Hours/Day of Attendance:	
Approved for:	Start Date:
Signed off by: Director:	Assistant Director:

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ENROLLMENT CHECKLIST

- Enrollment Application Completely Filled Out
- Application for Child Care Subsidy filled out, if applying
- Proof of income: Example: pay Stubs, W2s, or previous year taxes
- Child's Birth Certificate
- Child's Immunization Records or letter of Religious
- Copy of Child's Tribal ID or Enrollment Department Letter if Verification (If child is an enrolled member of a Federally Recognized Tribe. If parent is an enrolled member, provide copy of parent's ID or Verification letter.)
- Emergency Medical Care Form
- Teacher Information Form
- Authorized Pick Up List
- Photo Release Permission Form
- Permission to Apply Topical Ointment & Sunscreen Form
- Alternative/ Relative Care Form
- _____

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TERMS OF ENROLLMENT

The Wuneechanunk Shinnecock Pre-School (WSP) reserves the right to refer a parent(s)/guardian(s), to the New York State, Department of Health: Early Intervention Program (IFSP) or the local school district's Special Education Department (CPSE) to have their child evaluated if the classroom Teacher and Director believe the child may be experiencing a developmental delay in growth, learning, thinking, and communicating and/or the child exhibits extreme and continuous disruptive behavior.

The Wuneechanunk Shinnecock Preschool is willing to assist parent(s)/guardian(s) in navigating the process and provide them with information, support and advocacy Families should call for an evaluation within 14 days of being notified of the child's need for an evaluation.

If the parent(s)/guardian(s) refuse to comply with a request for an evaluation the WSP reserves the right to withdraw the child from the program.

Parent(s)/guardian(s) must provide the WSP with a copy of the evaluation report. Based upon the results. WSP reserves the right to require a family to withdraw the child from the program if the child's needs cannot be adequately met in the WSP environment.

Parent(s)/guardian(s) are required to read the Parent Handbook and abide by it's policies and procedures.

I have read, understand, and agree to abide by the terms of enrollment:

Parent/Guardian Signature

Date

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APPLICATION FOR ADMISSION

Date: _____

Child's Full Name: _____

Date of Birth: _____ Female _____ Male _____
Parent(s)/Guardian(s): Child Resides with: _____

Is the child an enrolled citizen or the direct descendant of an enrolled citizen of a federally recognized Indian Nation? Yes _____ No _____

If yes, list the Tribes name: _____

Race (please circle): Asian, American Indian, Black, or African American, Hawaiian/Pacific Islander, White, Multi-Racial, other: _____

Hispanic: ___ Yes ___ No

Primary Language Spoken at Home: _____

Does Child have Medical Insurance? ___ Yes ___ No

Name of Insurance Provider: _____

Special Needs: _____

SIBLING INFORMATON

Name of Sibling (s): _____

Date of Birth: _____

Type of Care (Family, Day Care or Grade): _____

Race (please circle): Asian, American Indian, Black or African American, Hawaiian/Pacific Islander, White, Multi-Racial, other: _____

Hispanic: ___ Yes ___ No

Language: _____ Proficient ___ Moderate ___ Little ___ None _____

Parental Status: One parent family _____ or Two parent family _____

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PARENT/GUARDIAN INFORMATION

Father/Guardian's Name: _____

Home Address: _____

Mailing Address: _____

Cell: _____ Home: _____ Work: _____

Email Address: _____

Name of Employer: _____

Occupation: _____

Parent's relationship to participant (circle one): Biological/Adopted/Step, Grand Child, Other Relative, Foster, Other: _____

Custody: ___Yes ___No

Check all that apply: Lives with family, provides financial support, teen parent.

Acquiring/Learning another Language: _____

Education Highest Level Completed: _____

Mother/Guardian's Name: _____

Home Address: _____

Mailing Address: _____

Cell: _____ Home: _____ Work: _____

Email Address: _____

Name of Employer: _____

Occupation: _____

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Parent's relationship to participant (circle one): Biological/Adopted/Step, Grand Child, Other Relative, Foster, Other: _____

Custody: ___Yes ___No

Check all that apply: Lives with family Provides financial Support Teen Parent

Acquiring/Learning another Language: _____

Education Highest Level Completed: _____

Family Questions

Income Status (circle one): Foster, Homeless, Income between 100-130%, Below 100%, Over Income, or Public Assistance

Documentation Used to Determine Eligibility: Income Tax Form 1040, W2, TANF Documentation, Pay Stubs, Unemployment, Written Statement from Employer, Foster Care Reimbursement, SSI Documentation, Documentation of No Income: _____, or other:

Does Family receive WIC or SNAP: Yes or No: _____

Primary Health Coverage at Enrollment (circle one): CHIP, Combine Medicaid. Medicaid, No Insurance, Private Health Insurance, or Indian Health Services, Other: _____

Family Information

Is Parent(s) Active-Duty Military: ___Yes ___No

Military Veteran: ___Yes ___No

Child Referred by Child Welfare Agency? ___Yes ___No

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Authorization for Emergency Care

If my child has an accident or becomes ill and requires immediate medical attention, I authorize my child (print name) _____, to be taken to the Shinnecock Indian Nation Health Services Facility or Southampton Hospital Emergency Department by a member of the Wuneechanunk Shinnecock Preschool staff.

The Wuneechanunk Shinnecock Preschool has my permission to share my child's health records with medical service providers in an emergency situation.

I understand a certified Wuneechanunk Shinnecock Preschool staff member will provide first aid and/or CPR if necessary.

I understand the Wuneechanunk Shinnecock Preschool staff will immediately inform me, the parent/guardian, of my child' s symptoms and where they will be transported. I understand my child will be transported, if necessary, by ambulance to the Southampton Hospital Emergency Department.

I understand a Wuneechanunk Shinnecock Preschool staff member will bring my child's medical information and accompany my child in the ambulance if I am not present *at* the time of departure and a staff member will remain with my child until I arrive.

Parent/Guardian Signature:

Date

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Please complete. Information below. In case of an emergency this information **MUST** be given to the Hospital so that your child can receive care

Child's Name: _____

Home Address: _____

Mailing Address: _____

Allergies/Medical Alerts: _____

Father's Name: _____ Mother's Name: _____

Doctor's Pediatrician's Name: _____ Phone: _____

Primary Emergency Contact

Name: _____ Relationship to Child: _____

Cell: _____ Home: _____ Work: _____

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AUTHORIZED PICK-UP LIST

Your child will **ONLY** be released to an authorized person listed on this form or to individuals listed on the emergency contact list. An authorized pick-up person must be at least 18 years old and show identification upon pick up. Under **NO** circumstances will a child be released to anyone not know to the center without written authorization from the parent/guardian. If there are any changes to *this* list, please notify our staff prior to pick up time.

Child's Name: _____

Name	Relationship to Child	Phone Number

Parent/Guardian Signature:

Date

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Consent to Release Information

Child's Name: _____

Date of Birth: _____

I Authorize: _____

To release to the Wuneechammk Shinnecock Preschool, information pertaining to my child as follows:

- Medical Reports/Exam
- Dental Exam
- DSS/TANF Budget Print-Out
- Other: _____

I understand this information is to be used only to benefit my child and is confidential and protected from disclosure. I also understand that this consent to release information will be valid for the program year:

Parent/Guardian (Print Name)

Parent/Guardian Signature

Relationship

Date

Signature of Witness/Title

Date

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TEACHER INFORMATION FORM

Child's Name: _____ Nickname: _____

Names of other individuals residing in the household: _____

Special Care Instructions: _____

Language(s) Spoken at Home: _____

General Temperament of Child: _____

Play Habits: _____

Major Family Changes (past, present, future): _____

Has your child had previous experience in group day care? Yes No

If yes, please describe: _____

In what way can we help your child this year? _____

What, if anything, do you do for teething? _____

Eating Behavior

Feeding Schedule: _____

(Circle all that apply)

Drinks from: Breast Feed Bottle Cup with Lid/Sippy Cup Open Cup

Eats: Baby Food Table Foods Hands Uses Spoon

Dietary Needs/Restrictions: _____

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Child Nutrition Questionnaire

Name: _____ Class: _____

We want to provide your child with the best possible mealtime experience_ Please take a moment to answer a few questions about your child's eating habits, likes, and dislikes This short survey will give us insight into your child's eating preferences. It is our hope that together we can develop healthy and happy eating habits for your child.

Please Answer the Following Questions

1. My child has food allergies Yes No
If yes, allergic to _____

2. My child takes a bottle at night during the day no bottle
(Circle yes or no)

3. My child can drink from a cup Yes No

4. My child feeds self-using fingers Yes No

5. My child feeds self-using a spoon Yes No

6. My child feeds self-using a fork Yes No

7. I feed my child every meal Yes No

8. My child can chew and swallow rice Yes No

9. My child can swallow mashed potatoes Yes No