

Heather's Child's Place

2130 Route 208, Montgomery, NY 12549

Phone: 845-457-5559 | Fax: 845-457-4572 | Email: heatherschildsplace@gmail.com

Application Form

Child's Information

First name

Last name

M.I.

Street address

Street address line 2

City

State

Zip code

Male or female

- Female
- Male

Days of the week requested (school hours are 6:30 am to 6:00 pm)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Child's Date of Birth _____ Anticipated Start Date _____

Parent / Guardian Information

Mother's name (Or Legal Guardian) #1

Street address

City

State

Zip code

Phone number (Home)

Phone number (Work)

Phone number (Cell)

Place of work

Email address

Father's name (Or Legal Guardian) #2

Street address (if different from above)

City

State

Zip code

Phone number (Home)

Phone number (Work)

Phone Number (Cell)

Place of work

Email address



Please list any siblings or other people that live in your household

Marital Status

- Married
- Divorced
- Single
- Widowed

Emergency Contact 1

In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

Emergency Contact 2

In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

The following information is requested to assist with the program plan for your child:

Does your child have any special needs or behaviors that we should know about?

- Yes
- No

If so, please list

Foods your child likes

Foods your child dislikes

Things that comfort your child

Things that scare your child

Cultural habits/home issues that may affect your child's behavior

Has your child had any previous group or preschool experience?

- Yes
- No

If so, where?

What words does your child use for toileting?

Does your child have any bowel or bladder irregularities?

Are there any other languages other than English spoken in the home?

- Yes -which languages
- No

Please list some of your child's favorite activities

Sleeping Habits:

What time does your child normally go to bed?

Does your child need special help going to sleep?

Does he/she take naps at home?

What time does your child normally get up?

What, if anything, does your child sleep with?

Are there any napping instructions?

Social Relationships:

Has he/she had the experience of playing with other children?

- Yes
- No

By nature she/he is...

- friendly
- aggressive
- shy
- Other

Is she/he known by any children at the center?

- Yes
- No

What makes your child upset?

How does your child show their feelings?

What methods do you use when he/she behaves in a way you do not approve of?

Medical information

Doctor

Doctor's phone number

Dentist

Dentist's phone number

Preferred hospital

Insurance/health coverage

Please list any of the following: Allergies, current medications, medication allergies, food allergies, food intolerances, or chronic health concerns.

Does your child receive early intervention services? Yes No If yes, please explain

Authorized Pick up List

Authorized list of persons able to pick up your child!

Mother and Father must have their names on the pick up list if applicable.

#1

First name

Last Name

Phone Number (Home)

Phone Number (Work)

Phone Number (Cell)

Relationship to child

#2 First name

Last name

Phone Number (Home)

Phone Number (Work)

Phone Number (Cell)

Relationship to child

#3

First name

Last name

Phone Number (Home)

Phone Number (Work)

Phone Number (Cell)

Relationship to child

#4

First name

Last name

Phone Number (Home)

Phone Number (Work)

Phone Number (Cell)

Relationship to child

MAY NEVER PICK UP MY CHILD

First name

Last name

First name

Last name

First name

Last name

Additional Comments

Custody Cases

If you have sole custody please supply us with a copy of the court papers.

Note: If there is a joint custody please notify on which day(s) the father/mother of the child will pick him/her up. The custodial parent has the legal obligation of paying the tuition to the center.

Comments

In what particular way can we help your child this year at Heather's?

Parent Permission Sign Offs

1 Year Old Room Only: Please feed my child according to the schedule set forth by staff in the 12 month old and up room. Heather's Child's Place will be using food provided by Heather's Child's Place kitchen unless otherwise stated.

Parent Signature _____

Date

Lead Exposure Information: State law now asks us to inform you of the risks of lead poisoning and to give you information on lead poisoning. Please find attached a pamphlet on lead exposure and the detriment it can cause especially in young children. Please sign the bottom of this form showing that we have given you this pamphlet on this subject. This has to be placed in your child's folder.

I have received the information on lead screening from my provider.

Parent Signature _____

Date

Facebook and Email Permission

Child's Name _____ Date _____

Heather's Child's Place may post pictures from our day on our School Facebook Page. Please sign whether or not you allow your child to have their picture posted on our School Facebook Page.

YES I allow my child's picture on Heather's Facebook page _____

NO I Do NOT allow my child's picture on Heather's Facebook page _____

Heather's Child's Place sends out an email every Friday with activities, information, and pictures of what we did for the week. This email goes out ONLY to parents of students in the school. Please sign whether or not you allow your child to have their picture on our Friday Email.

YES I allow my child's picture to be in the Friday Email _____

NO I Do NOT allow my child's picture to be in the Friday Email _____

Parent Permission Sign Offs

1 Year Old Room Only: I give the qualified staff at Heather's Child's Place permission to prepare formula bottles for my child, _____, throughout the day.

Parent Signature _____ Date _____

All Rooms: Please feed my child according to the schedule set forth by staff. Heather's Child's Place will be preparing and serving food provided by Heather's Child's Place Kitchen unless otherwise stated.

Parent Signature _____ Date _____

Sunscreen will be applied to children before going outside in the warmer weather months. Please check YES or NO to inform us of whether or not you want sunscreen applied to your child.

_____ YES Apply sunscreen on my child each time they are going outside. Sunscreen will be supplied by me and left at school for use and will only be used on my child.

_____ NO Do NOT apply sunscreen on my child.

Parent Signature _____ Date _____

The following topical over-the-counter ointments may be applied for the following reasons (i.e. diaper cream, lotion):

Parent Signature _____ Date _____

Napping Permission

I give my child _____ permission to sleep in/on a:

_____ Pack and Play (1's)

_____ Cot (2's)

_____ Mat (3's and 4's)

My child will be napping in the:

1 year old room

2 year old room

3 year old room

4 year old room

My child will be supervised according to the ratio of state regulations.

NYS ratios are as follows:

1 year old room – 1:4

2 year old room – 1:5

3 year old room – 1:7

4 year old room – 1:8

Parent Signature _____ Date _____

Heather's Child's Place Fee Schedule

Child's Name _____ # Of Days _____ Tuition _____

****Tuition is due on Friday for the following week. Payment must be made for the week ahead in order for your child to attend.**

Please indicate your preferred Method of Payment for your child's tuition:

_____ payment by credit card/cash/check on Fridays

_____ automatic credit card payment (charged on Thursdays)

_____ prepayment of _____ weeks tuition

_____ other arrangements for payment agreed to by the office

** A \$40 late fee will be added to your account if payment is not made on time**

You are responsible for the number of days that you sign your child up to attend. For Example: If your child is signed up for 3 days a week, you are responsible for payment of your 3 days regardless of absence, sickness, holidays, school closings, weather delays or closings, or emergencies.

Scheduled School Holiday Closings: New Year's Eve, Good Friday, Memorial Day, 4th of July, Labor Day, Thanksgiving, Black Friday, Christmas Eve, and Christmas Day

I have read and agree to the policies of the Fee/Tuition schedule and Holiday Schedule and agree to its requirements.

Parent Signature _____ Date _____

Heather's Child's Place

I (we) have read and agree to the policies in the **Parent Handbook, Fee Schedule, Holiday Schedule** and agree to its' requirements.

Note: This must be signed and returned to the office before your child may attend our center.

Parent Signature _____ Date _____