Parma Kids
Preschool & Child Care Center
PO Box 57 ~ Hilton, NY 14468
392-5792 Voice/Fax

For Office Use Only:
Non-Refundable
Registration Fee $ _____
Check # _______
Date Paid _______

2018-2019 School Age WRAP Around Registration Form

Child's Full Name ____
First Middle Last

Home Address ____
Street City State Zip

Home Phone ________________ Cell ________________ Date of Birth ___/___/___ Sex of Child M F

Parents Marital Status: ____ Married ____ Divorced ____ Separated ____ Other

Parent's Email Address ______________________________ Church You Attend ________________

Mother's Name ________________ Occupation ________________ Phone ___________ Hours _____

Father's Name ________________ Occupation ________________ Phone ___________ Hours _____

Names and ages of other children in your family ______________________________________

Explain any emotional or learning problems your child might have ____________________________

____

PHOTO AUTHORIZATION: I give permission for my child to be photographed and put on the school website or in newspaper. ___ **YES** ___**NO**

SCHOOL DIRECTORY: I give permission for my child's address, parent's names, phone #, and email to be put in our school directory (Not our website). This is to stay connected with other parents and for staff usage.
____**YES** ___**NO** **Please only list my:** ____

Circle your choice of days and school **AM Before School Care – Breakfast Provided 6-9 AM**

Monday	Tuesday	Wednesday	Thursday	Friday	**Quest**	**Village**	**Northwood**

What time will you drop off in the morning? ______________________________________

We serve breakfast – waffles, yogurt, fruit, toast, cereal. What does your child like for breakfast? _______

____

PM After School Care – Snacks and Program Provided 3-6 PM

Monday	Tuesday	Wednesday	Thursday	Friday	**Quest**	**Village**	**Northwood**

What time will you pick up your child? ______________________________________

Comments of activities your child enjoys ______________________________________

____

PLEASE COMPLETE REVERSE SIDE AS REQURED BY NYS OCFS.

Statement of Understanding

Please note that payment is due by the first of every month. No refunds will be given for missed days due to but not limited to; a sick child, personal vacations, or school vacations. Exceptions for refunds will be made at the discretion of the Board of Directors with the advisement of the School Director. Additional activities, meals, and days require advanced permission from the School Director and payment in full before the starting date of attendance. Failure to make payments on time will result in the assessment of late fees and possible dismissal from the program. Your signature confirms your understanding of the above stated conditions and agreement to fulfill your financial obligations to Parma Kids Preschool & Child Care Center around program.

Print name: ______________________________ **Signature:**________________________________ **Date** ___/___/___

OCFS-LDSS-0792 (1/2005) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE REGISTRATION

PHOTO OF CHILD (Optional)

Child's Full Name:

Does your child have any allergies? ☐ Yes ☐ No
If Yes, what is your child allergic to?

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name:	Telephone Number:
Child's Source of Dental Care/Dentist's Name:	Telephone Number:
Name Of Medical Care Facility/Hospital:	Telephone Number:

Would you like information on Child Health Plus? ☐ Yes ☐ No

EMERGENCY DATA

RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
			☐ Pager ☐ Cell ☐ Other
			☐ Pager ☐ Cell ☐ Other
			☐ Pager ☐ Cell ☐ Other
			☐ Pager ☐ Cell ☐ Other

The emergency contact(s) is allowed to pick up my child in the event of an emergency. Yes_______ No_________

Parent/ Guardian Signature: ____

Provider/Day Care Facility Name and Address:
Parma Kids
Preschool and Child Care Center
PO Box 57
Hilton, NY 14468

CHILD'S FULL NAME:	SEX: ☐ Male ☐ Female
CHILD'S HOME ADDRESS:	DATE OF BIRTH: HOME TELEPHONE NUMBER:
DATE OF ACCEPTANCE:	DATE OF DISCHARGE:
NAME OF PERSON APPLYING FOR CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative ☐ Other _____	HOME TELEPHONE NUMBER: DAYTIME TELEPHONE NUMBER:
ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):	

AGREEMENTS

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. ☐ Yes ☐ No

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. ☐ Yes ☐ No

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. ☐ Yes ☐ No

I agree to review and update this information whenever a change occurs and at least once every six months. ☐ Yes ☐ No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE:

OCFS-LDSS-0792 (1/2005) REVERSE