

## **Parma Kids**

## **Preschool & Child Care Center**

39 Hovey Street PO Box 57 ~ Hilton, NY 14468 (585) 392-5792

For Offic	ce Use Only:			
Non-Refundable				
Registrati	on Fee \$			
Check #				
Date Paid	<u> </u>			
Medical 1	Form Rec'd			

## 2020-2021 School Year Preschool Registration Form

Child's Full Name _	First	Middle		Last	
Home Address					
	Street			ity State Zip	
Home Phone	Cell	Date of Birth	//	Gender: M F	
Parents' Marital Stat	us: Married	Divorced Sepa	ırated	Other	
Parent's Email Addr	ess	Ch	urch You Atte	end	
Mother's Name	Phone _	Occupati	ion	Hours	
Father's Name	Phone _	Occupation	on	Hours	
Names and ages of	other children in your family	У			
Allergies or any med	dical conditions we should b	be aware of:			
Frequent ear infection	ons?	Tubes in ears?	Tubes	in ears now	
Is your child toilet tra	ained? yes	no needs as	ssistance		
Is your child	right handed	left handed		undetermined	
Does your child have	e any unusual habits?				
Unusual words	Fears		Dislikes		
Explain any emotion	al or learning problems you	ur child might have			
or in newspaper.  SCHOOL DIRECTO	YESNO	r my child's address, par	rent's names	d put on the school website	
usageYESNO		j. This is to stay connec		er parents and for staff	
Please circle day(s)	& write the time(s) you need	:		Child's Age	
Daycare:	Mon Start Time	Tues Wed e: Pi	Thurs ck-Up Time		
Start Date:	<b>Preschool <u>Or</u></b> Mon Tue	<u>nly</u> 9:15am-11:45am Wed Thurs F	ri	Preschool Class (circle one) 2's 3's 4's	
Suggest other opti	ons, comments and/ or s	econd choices:			

## 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.

\_ Signature:\_\_\_\_\_\_ Date \_\_/\_\_/\_

Print name:

Photo of Child			New York State				
(optional)			hildren and Family				
	Child's Full Name:	Di	ay Care Enrollmen	i <b>t</b> Date Of Birth			
	Offind 3 Full Name.	lid s Full Name:			Pate Of Biltin.		
	Child's Nickname:						
	Child's home Address:						
	Name of person Enrolling Child	d:	Relationship to ch	hild:			
Phone number(s)	ne number(s) of person enrolling child: [] ok to text A		Address of person enrolling child:				
., ,		·					
Email:							
Emergency conf	tact /Addresses	Pick up?	Primary phone	(	Other phone number		
Primary contact:		[] Yes			•		
		[] No	[] ok to text	ļ,	] ok to text		
Emergency conta	nct:	[] Yes	[] OK to text	L	J OK 10 TEXT		
0 ,							
Emergency conta	not:	[] No [] Yes	[] ok to text	[	] ok to text		
Linergency conta	ici.	[] 163					
		[] No	[] ok to text		] ok to text		
	only Date of enrollment:		For program use				
Child's Full Name: Date Of Birth:					:		
Check boxes below to indicate if your child has any special needs/services:  [] Early Intervention [] Special Education [] Occupational Therapy [] Speech/Language [] Physical Therapy  [] None [] Allergies, please list:							
[] Other:							
Other:   Please provide information here <b>AND</b> discuss with your child care provider:							
Child's Primary C	are Physicians Name/Group:			Pho	ne number:		
Preferred hospital:				Pho	ne number:		
Child's Dental Care:			Pho	ne number:			
Child health insurance information is available by calling toll free 1-800-698-4543 or the New York State Health Marketplace							
website: https://nystateofhealth.ny.gov/							
Agreements  • I consent	to emergency medical treatment for	my child			[]Yes[]No		
I consent for my child to take part in neighborhood walking trips (i.e., library, park, playground, local businesses) away from the							
program under proper supervision							
I agree to review and update this information whenever a change occurs and at least once every year[] Yes [] No							
Signature- Parent or person legally responsible:				Date	e:		