



Checklist for Parents

When you are ready to register your child, please:

- (1) Complete the registration packet forms.
 - (2) Take medical form to pediatrician for signature.
 - (3) Hand in a copy of your child's birth certificate (new students only).
 - (4) Pay the registration fee of \$100.00 (\$75.00 for current families).
 - (5) Pay the last month's security deposit (June).
 - (6) Complete your Brightwheel sign-up when your invitation is received.
 - (7) Hand in your child's immunization sheet before September 1st
- Please ensure Weekday's attached medical form is signed by your pediatrician confirming that your child is able to participate in a school program.

We look forward to another great year at *Weekday*!

Thank you,

Christine Mulholland

Director
Weekday Nursery School

330 Main St.
Northport, NY 11768
631-757-1342

www.weekdaynorthport.com

info@weekdaynorthport.com



Registration Form 2021/2022

Child's Name _____ Boy Girl Today's date _____

Birthdate _____ Age as of 12/31/2021 _____ Current Student or Family Yes No

Address _____

City _____ Zip _____ Home Phone _____

Parent's Name _____ Cell Phone _____

E-mail Address _____

Parent's Name _____ Cell Phone _____

E-mail Address _____

Parents Live Together Separately Child lives with _____

Are you a member of First Presbyterian Church of Northport: Yes No

Please enroll my child in the:

2 Year Old Program

2-day option – T/Th - 9:00-11:30

3-day option M/W/F - 9:00-11:30

3 & 4 Year Old Programs

3 Year Old Nursery Program

4 Year Old Pre-Kindergarten Program

4 Year Old KinderSteps*

Morning Sessions (9:00 – 12:00 pm)

Extended Day Sessions (9:00 – 2:00 pm)

Days Requested

Monday

Tuesday

Wednesday

Thursday

Friday

* KinderSteps is 5 days 9:00 - 2:00pm only.

Please add any comments or requests below.

We cannot guarantee requests for children to be placed in specific classes.

Weekday Nursery School

Health Policy

1. Each child must have an annual physical examination, preferably before the opening of school in September.
 - a. A medical report form must be filled out and signed by a physician and returned to the Weekday Nursery School on or before the first day of school.
 - b. The child must have all immunizations required by the state prior to entering school with dates noted on the form.
 - c. If a child has not received the required immunizations, a note must be sent by the physician or parent stating the reason.
2. If your child has a temperature, fatigue or symptoms of a cold, we ask that that he/she remain at home. A child should not return to school until 24 hours after a temperature is normal or 24 hours after an upset stomach or diarrhea.
3. Parents must notify the school if their child has contracted a communicable disease (e.g., chicken pox, impetigo, pink eye, head lice, etc.)
4. Weather permitting, there will be a period of outdoor play during morning and afternoon sessions. Any child who cannot play outdoors should not be sent to school.
5. Parents must sign this form and the blue card giving the school permission to provide medical attention in the case of an emergency.
6. In the event of the following cases, Weekday will take action as outlined below:
 - a. **Illness** – Parents will be called to come for the child, or if a parent cannot be reached, the emergency contact will be called.
 - b. **Accidents** – Parents will be contacted and family physician if necessary. Medical attention will be given. If parents cannot be contacted, the emergency contact will be called.
 - c. **Emergencies** – Parents will be notified along with the family physician. Medical attention will be given. If parents or family physician cannot be contacted, the Northport Rescue Squad will be called to take the child to Huntington Hospital. A teacher or the director will accompany the child with the medical record and the signed emergency medical agreement. The emergency contact will be called by the director and informed of what action has been taken.

I HAVE READ THE HEALTH POLICY AND AGREE TO THE ITEMS SPECIFIED ABOVE.

Parent's Signature

Siblings

Name

Age School

Weekday Nursery School

PERMISSION AGREEMENTS

Please read each bullet and initial by each one.

Child's Name _____
(Please print full name)

- We give permission for the Weekday Nursery School staff to seek emergency medical treatment (per WNS Health Policy) for our child in the event that we cannot be contacted immediately.
- Where applicable, we give permission for our child to participate in Weekday's specials of Spanish, Fine Arts and Creative Movement. (Enrichment classes are dependent on class size and child's individual schedule.)
- We give permission for our child to participate in walking field trips that the Weekday Nursery School conducts.
- We give permission for our child's photograph to be taken and used for public relations and fund raising purposes for the school.
- We assume full responsibility for the transportation of our child to and from school. We assume responsibility for escorting our child to the classroom and picking up our child at the classroom unless Weekday staff and director is otherwise notified.
- We acknowledge that all messaging, billing, picture sharing and extended care check-in/out will be done via the Brightwheel app.

=====

We'd like your permission to publish your child's name and address information on his/her class list for distribution. The list come is useful to arrange play dates and parties with other students. The list will include your child's name, address, phone number and parents' names.

Please complete the information below and return this form with your registration materials.

=====

Child's Name: _____

Yes Please include the above information on my child's class list.

No I would not like my child's information printed on a class list.

Parent's Signature: _____ Date: _____

Weekday Nursery School

Financial Contract

I have enrolled my child, _____ in Weekday Nursery School and I understand that:

1. Registration will be accompanied by a non-refundable registration fee and a security deposit equal to one month's tuition. The security deposit will be applied to the last month's (June) tuition and is only refundable at Weekday's discretion.
2. Monthly tuition payments are due on the first of each month. Invoices will be sent 7 days prior via the Brightwheel app.
3. If my tuition payment is late by more than 15 days from the due date, I will be subject to a \$20 late payment fee. If payment is more than 30 days from the due date my child will not be allowed to attend until all outstanding payments are made.
4. No tuition reductions, refunds or make-up days will be given for school holidays, emergency closings, days missed due to vacation or illness, or withdrawals before the end of the month.
5. All fees will be paid by check or via the Brightwheel app (**no cash will be accepted**).
6. I understand that paying by credit or debit card will incur additional processing fees, currently 2.99%.
7. I will be assessed a \$50 fee if my check is returned to the school by the bank for any reason.
8. I will be assessed a late charge of \$20 for each 15 minutes of overtime that my child remains beyond his/her scheduled pick-up time. This applies to both preschool classes and before and after care.
9. I will be assessed reasonable collection and attorney's fees if my account is placed for collection.

Parent's Signature

Date

Print Name



Schedule of Fees and Monthly Tuition Rates 2021/2022

Two Year Old Program 9-11:30 AM

2 days/week - Tues/Thurs	\$325
3 days/week - Mon/Wed/Fri	\$425

Three and Four Year Old Programs 9-12 (½ day option) or 9-2 (extended day option)

Days/Week	Half Day	Extended Day
2 days	\$325	\$450
3 days	\$425	\$550
4 days	\$525	\$650
5 days	\$575	\$750

Four Year Old KinderSteps Program

Monday - Friday / 9am - 2pm Only

\$775

These fees are for payments by check or ACH transfers. Payments by credit or debit card will incur an additional processing fee of 2.99%.

We offer a 10% discount for church members and additional siblings. These discounts cannot be combined. An additional 5% discount is available for families paying their full year tuition before October 31st.



Extended Care Rates 2021/2022

Weekday Nursery School offers before and after care for our 3 and 4 year old students, beginning at 7:00 AM and continuing until 6:00 PM. The activities for this care will be structured and will include napping, snacks and time for math, science, music and physical activity.

Monthly Flat Rate

	Days Per Week				
	1	2	3	4	5
Hours					
1	50	100	150	200	225
2	100	200	275	350	425
3	150	275	400	475	575
4	200	350	475	625	775
5	225	425	575	775	950

A \$20.00 hourly rate will be charged if one of the flat rates is not used

.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -	
	CHILD'S FULL NAME:				DATE OF BIRTH: / /	
	PREFERRED NAME/NICKNAME:				GENDER:	
	CHILD'S HOME ADDRESS:					
NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____			
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () -			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:			<input type="checkbox"/> ok to text			
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child		PRIMARY PHONE NUMBER	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No		() -	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		() -	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		() -	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		() -		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		() -		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		() -		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		() -		
FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /			FOR PROGRAM USE ONLY DATE OF DISENROLLMENT: / /			

CHILD'S FULL NAME:		DATE OF BIRTH: / /	
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None			
<input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Allergies (Please list) _____			
<input type="checkbox"/> Other _____			
Please provide information here AND discuss with your child care provider:			
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -	
PREFERRED HOSPITAL:		PHONE NUMBER: () -	
CHILD'S DENTAL CARE:		PHONE NUMBER: () -	
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/			
AGREEMENTS			
I consent to emergency medical treatment for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
I provided information on my child's special needs to the program to assist in caring for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to review and update this information whenever a change occurs and at least once every year.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:			DATE: / /

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
----------------	-----------------------	-----------------------------

Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). ☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative _____ mm			
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.			
Lead Screening Date: / /			
Attach lead level statement			
Lead Screening (Include All Dates and Results)			
1 year	/ /	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
2 years	/ /	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
Most recent date of lead screening (if different from above):			
	/ /	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.			
If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.			

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)***Health Specifics****Comments**

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

_____ Signature of Examiner	_____ Address
_____ Please Print Name	_____ City, State, Zip
_____ Title	() - / / Phone Date