

NEW BEGINNINGS SCHOOL AGE REGISTRATION FORM

Kings Park Location: 180 Lawrence Road, Kings Park, NY 11754 (631) 663 KIDS (5437)

Enrollment Date: _____

School Year: _____

Student Information

First Name: _____ M.I. ____ Last Name: _____

Nickname: _____ Gender: [] Male [] Female Date of Birth: _____

Child's Address: _____

If child does not live with biological mother and/or father, please give any information that is important for NEW BEGINNINGS to know in caring for the child: (Example: divorce, separation, death, illness of parent or custody/adoption of child) _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dominant language spoken at home: _____

Please list names and ages all other children in the family (Siblings)

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Parent/Guardian Information

Parent/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Email: _____

Parent/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Email: _____

Where did you hear of NEW BEGINNINGS? (Circle appropriate choice)

Yellow Pages Pennysaver Walk-In Internet Friend or Relative/Name Other _____

NEW BEGINNINGS - SCHOOL AGE - REGISTRATION FORM

Parent or Guardian Authorization & Permission to Pick Up

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Unauthorized pick Up

* Brief description of why person is not permitted to pick up child

Name: _____ *: _____

Name: _____ *: _____

- _____ 1. I give permission for New Beginnings to seek emergency medical treatment for my child along with transportation to a hospital selected by New Beginnings. In the event that I cannot be contacted immediately. I authorize hospital health care providers to secure all necessary treatment for my child. I will assume responsibility for all expenses incurred.
- _____ 2. I give permission for my child to participate in school- approved activities that include special visitors in the classroom.
- _____ 3. If my child does not take a bus, I take responsibility to safely drop off and pick up my child at his classroom.
- _____ 4. I give permission for my child to use all play equipment and participate in all of the activities of the school.
- _____ 5. I agree to comply with the rules and regulations of New Beginnings as set forth in the Parent Handbook.
- _____ 6. I give permission for my child to be included in pictures taken by New Beginnings which may be displayed on site and/or used on The New Beginnings website/facebook.
- _____ 7. I give permission for New Beginnings to apply sunscreen or lip balm that I supply.
- _____ 8. I was given a copy of the parent handbook.

General Agreement

1. Registration fee is \$150 & \$100 each additional child. Registration fees are **NONREFUNDABLE**.
2. Tuition is due on the first business day of the month, no later than the 7th of the month, regardless of the absences or school closings.
3. It is the parent or sponsor's responsibility on the first of the month to leave tuition in the tuition mailbox located in the main office/hallway, or they can also pay directly on Brightwheel. If they choose to pay with a checking account there is a .90 cent service charge and a 2.9% service charge for credit card transactions on Brightwheel. Checks should be made payable to New Beginnings with the child's name written on the front of the check. Do not leave cash in the tuition mailbox.
4. New Beginnings will apply a non-refundable \$100 holding fee per child each month that is reserved for your child. Once enrolled the holding fee is **NOT** applied to the monthly tuition.
5. A late fee of \$35.00 will be charged for all tuition received after the 7th of the month. Also, a \$35.00 decline fee will be charged for all checks (including postdated checks) and credit cards.
6. I understand that there will be a \$35 fee charged for any changes made after the first change to my child's schedule. I understand that if a change is made to my child's schedule in the middle of the month, we will not be pro-rating your tuition cost. There are no partial refunds anytime throughout the school year. **NO** mid month tuition refunds are permitted.
7. There will be a \$20 per hour late fee for the first child and a \$15 late fee for the second child if your child is picked up later or dropped off earlier than his/her scheduled time. We close at 6:30pm. Late pick-ups are an inconvenience to our staff, it interferes with State Regulations, and are a reason to terminate the child's enrollment. Any child picked up after 6:30pm will be charged \$3 for every minute you are late.
8. Do not linger in the classrooms, hallways, gym, library, playgrounds, and the main entrance to the building for more than 15 minutes, otherwise, you will be charged \$20 for the extra time that you are on the New Beginnings premises.
9. A discount of 5% will be given for prepayment of a full year (September to June). Annual tuition is due in full no later than September 1st in order to receive the discount. A 2.5% discount will be given for prepayment from January to June. 6 months tuition is due in full no later than January 2nd in order to receive the discount. There will be a discount of 10% on a lower tuition for the second child in the same family.
10. Understand that if in the future there should be any school closings due to a pandemic, natural disaster or a building emergency we will transition to remote learning with Google classroom (\$200 fee per child). If you do not want this option, you must withdraw from this program. If the School District is closed and New Beginnings remains open and you choose not to send your child, you can change to remote learning or withdraw from the program. No credit/refund will be given due to quarantine.
11. If you choose to withdraw your child/children from New Beginnings, you must notify the office no later than 7 days prior to the 1st of the month. If tuition has already been billed, there will be **NO REFUNDS**.
12. New Beginnings cannot make any written or verbal agreements to a child's placement with a requested teacher or other students. If it is determined by New Beginnings that a child's placement is not appropriate for his/her requested or assigned class and program, the child's enrollment may be revised or terminated. New Beginnings reserves the right to cancel and/or combine classes.

Signature of Parent or Guardian

Date

By signing above, I certify that I agree to all terms, conditions, and disclosures of this agreement and the New Beginnings, Handbook, Registration is subject to examination of prior and current tuition records and approval by the school. To secure a schedule for your child all forms, fees, and medical records must be submitted. An incomplete registration may not be accepted.

NEW BEGINNINGS - SCHOOL AGE PROGRAM - REGISTRATION FORM

Child's Name:
Address:
Parent's Name:

PLEASE ANSWER THE FOLLOWING:		
Has student ever been in a School – Age setting?	YES	NO
*Explain:		
Any existing condition that New Beginnings should be aware of?	YES	NO
*Explain:		
Is child able to fully participate in all activities?	YES	NO
*Explain:		
Allergies:	YES	NO
*Explain:		
Does your child see the same health care provider (pediatrician, nurse practitioner) for all visits?	YES	NO
*Explain:		
Does your child require medication, therapy, medical treatment or assessment while in childcare?	YES	NO
*Explain:		
Does your child require one-on-one care-supervision on a regular basis for a significant period of time?	YES	NO
*Explain:		
Does your child require any accommodation or modification in order to fully and equally enjoy and participate in New Beginnings group care settings?	YES	NO
*Explain:		
Would you like your son/daughter to do homework during aftercare?	YES	NO
*Explain:		

To the best of my knowledge, the information I have provided and the statements I have made in this Health and Social Record are correct and complete. I understand that withholding or providing false information herein or in connection with the enrollment process may result in immediate disenrollment of my child. I further agree to update the information in this Health and Social Record as circumstances may require.

Parent/Guardian Signature

Date

Permission from Parents - School Age

Permission to Use Sunscreen

My child, _____, may have sunscreen applied to exposed skin areas when going outside on warm, sunny days. I will provide a sunscreen with a sun protection factor (SPF) of 15 or higher (without Paba is recommended). Paba gives some children blotchy rashes. I will mark my child's name on his/her sunscreen PLASTIC container with a permanent marker.

Signature of Parent/Guardian: _____ Date: _____

Permission to Take Photos

My child, _____, may have their picture taken for entertainment purposes only. Some pictures may be posted on our website and our Facebook page.

Signature of Parent/Guardian: _____ Date: _____

Permission to Use Topical Ointments

My child, _____, may have topical over the counter ointment such as:

Please circle all that apply, and list others if not shown below.

Neosporin - Triple Antibiotic Ointment - Bacitracin - Vaseline

Other _____

Signature of Parent/Guardian: _____ Date: _____



NEW BEGINNINGS

Infant  Pre-School  Day Care

HAUPPAUGE  KINGS PARK  SMITHTOWN

631-360-0039 631-663-5437 631-551-5449

www.newbeginningslongisland.com

Dear Parents,

New Beginnings is a paperless school. Please provide us with one (1) parent email address so that you can receive all school correspondence.

Thank you.

Parents Name : _____

Student #1 Name: _____

Student #2 Name: _____

Email address: _____

Alyssa Petruzzo
Regional Director