

NEW BEGINNINGS - INFANT/PRESCHOOL - REGISTRATION FORM

- Hauppauge Location: (Fax Number: 631-656-8568)
- Kings Park Location: (Fax Number: 631-663-5400)
- Smithtown Location: (Fax Number: 631-551-5448)

Registration Date: _____ School Year: _____

Child's Personal Information

First Name: _____ Last Name: _____ DOB: _____

Child's Home Address: _____

Gender: [] Male [] Female [] Other: _____ Primary Language: _____

Child's Medical Information

Pediatrician's Name: _____ Phone Number: _____

Does your child have any preexisting medical conditions or take any form of medication?

Does your child have any allergies? Circle: YES NO

If yes, please explain: _____

Parent/Guardian Information

Parent #1

First Name: _____ Last Name: _____ Relation to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Work Phone Number: _____

Are you a custodial parent? Circle: YES or NO (If married, mark yes for both parents)

Parent #2

First Name: _____ Last Name: _____ Relation to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Work Phone Number: _____

Are you a custodial parent? Circle: YES or NO (If married, mark yes for both parents)

Emergency Contacts/Approved Pickup (Other Than Parent/Guardian Listed Above)

1st Contact/Pickup

Full Name: _____ Phone: _____ Relationship to Child: _____

2nd Contact/Pickup

Full Name: _____ Phone: _____ Relationship to Child: _____

3rd Contact/Pickup

Full Name: _____ Phone: _____ Relationship to Child: _____

4th Contact/Pickup

Full Name: _____ Phone: _____ Relationship to Child: _____

Health and Social Record Questionnaire

Please answer the following questions by circling the appropriate response. If you answer no for any of the questions, please explain the situation.

1. Was the pregnancy for this child full term? YES NO

Explain: _____

2. Does your child function at an age appropriate level? YES NO

Explain: _____

3. Is your child able to communicate appropriately for their age? YES NO

Explain: _____

4. Does your child have a special or restricted diet? YES NO

Explain: _____

5. Does your child have any problems at meal time? YES NO

Explain: _____

6. Is your child currently potty trained? YES NO

Explain: _____

7. Does your child require one-on-one supervision on a regular basis? YES NO

Explain: _____

8. Does your child require any accommodations or modifications in order to fully enjoy and participate in a group care setting like New Beginnings? YES NO

Explain: _____

9. Has your child ever been evaluated or received special services from a professional?

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: _____ **Today's Date:** _____

New Beginnings General Agreement

1. If my child does not take a bus, I take responsibility to safely drop off and pick up my child at their classroom.
2. I agree to comply with the rules and regulations of New Beginnings as set forth in the Parent Handbook which I received a copy of prior to registration.
3. I understand that all fees and deposits, including the registration fee are NON-REFUNDABLE and NON-TRANSFERABLE. (Please see our pricing brochure for fees and deposits.)
4. Children and their parents are not permitted to linger on the premises for more than 15 minutes. This includes our school playground, gymnasium, and lobby.
5. 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.
6. I understand that if there should be any school closings due to a pandemic or other global emergency, no credit/refund will be given.
7. New Beginnings cannot make any written or verbal agreements to a child's placement with a requested teacher or other students.
8. 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.

By signing below, you agree to and are aware of the terms listed above. Additionally, you understand that going against this agreement may result in immediate disenrollment of your child.

Parent/Guardian Signature: _____ **Today's Date:** _____

Permission from Parents - Infant/Preschool Level

Permission to Use Sunscreen

My child, _____, may have sunscreen applied to exposed skin areas when going outside on warm, sunny days. I will provide sunscreen with an SPF of 15 or higher, without Paba. Paba can cause children to develop blotchy rashes. I will also label my child's first and last name on the PLASTIC sunscreen container with a permanent marker.

Parent/Guardian Signature: _____ **Today's Date:** _____

Permission to Apply Diaper Cream

My child, _____, may have diaper cream applied to them. I will provide diaper cream for my child. I will label my child's first and last name on the diaper cream with a permanent marker.

Parent/Guardian Signature: _____ **Today's Date:** _____

Permission to Take Photos

My child, _____, may have their picture taken at New Beginnings for our social media, website, and other marketing purposes such as school advertisements.

Parent/Guardian Signature: _____ **Today's Date:** _____

My child, _____, may have their picture taken at New Beginnings and posted to **Brightwheel only**.

Parent/Guardian Signature: _____ **Today's Date:** _____

Permission to Use Topical Ointments

My child, _____, may have topical over the counter ointment applied as needed.

Please circle all that apply: Neosporin, Triple Antibiotic Ointment, Bacitracin, Vaseline

Other: _____

Parent/Guardian Signature: _____ **Today's Date:** _____

New Beginnings Resting/Napping Agreement

Parent/Guardian Name: _____

Child's Name: _____

Days of Care: Please circle M T W Th F

Hours of Care: Full Day _____ Half Day _____

Sleeping Arrangements:

Infants will nap in cribs, on his or her back.

Toddlers and Preschoolers will nap on mats.

How children will be supervised:

Your child will be supervised at all times while they are sleeping in their classroom by their teacher or teacher's aide.

**** Infants are not allowed blankets in the cribs. Sleep sacks are optional. NO PILLOWS ARE ALLOWED AT ALL!**

***** All parents are responsible for supplying bedding for their children to use during naptime. Bedding will be sent home regularly to be cleaned. NO PILLOWS ARE ALLOWED AT ALL!!**

Parent/Guardian Signature: _____ **Today's Date:** _____

Provider's Signature: _____

***This form is required for all families to fill out even if your child does not nap.**

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: PREFERRED NAME/NICKNAME:		DATE OF BIRTH: / /	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: () - <input type="checkbox"/> ok to text		ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:				
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
FOR PROGRAM USE ONLY		FOR PROGRAM USE ONLY		
DATE OF ENROLLMENT: / /		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	
<ul style="list-style-type: none"> • 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 BEGINNINGS - REGISTRATION CHECKLIST

Thank you for choosing New Beginnings! Before registering your child for our program, please make sure you have completed the following:

- Paid Registration Fee: \$150 for the first child and \$125 for the second child. This fee must be paid in cash or check made payable to New Beginnings.
- The New Beginnings Registration Form is filled out completely and your handwriting is legible. If you have any questions or concerns, please visit or call our office prior to dropping off forms.
- The NYS Daycare Enrollment Form is filled out completely.
- The NYS Child in Care Medical Statement is filled out completely by your pediatrician.
- After turning in all necessary paperwork, you have reviewed and signed a Tuition Agreement with one of our school administrators.