

**NEW BEGINNINGS - SUMMER SCHOOL AGE - REGISTRATION PACKET**

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 - Summer School Age

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

1. 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

If yes, explain: \_\_\_\_\_

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

If no, explain: \_\_\_\_\_

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

If no, explain: \_\_\_\_\_

4. Has your child ever been evaluated or received special services from a professional?    YES    NO

If yes, explain: \_\_\_\_\_

5. Is your child able to fully participate in and attend all field trips?    YES    NO

If 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 - Summer School Age**

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. I understand that if there should be any school closings due to a pandemic or other global emergency, no credit/refund will be given.
6. New Beginnings cannot make any written or verbal agreements to a child's placement with a requested teacher or other students.
7. 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.
8. New Beginnings is an anti-bullying school. If your child is involved in three bullying incidents, your child will no longer be able to attend our program. This includes before and after care as well as summer camp.

**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 - School Age 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 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 - SUMMER SCHOOL AGE 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 Packet 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.
- After turning in all necessary paperwork, you have reviewed and signed a Tuition Agreement with one of our school administrators.