

NEW BEGINNINGS - SCHOOL AGE - REGISTRATION PACKET

Kings Park Location: (Fax Number: 631-663-5400)

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 - 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. Is your child able to fully participate in all activities without modifications? YES NO

If no, 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. 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: _____

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

If yes, explain: _____

5. Would you like your child to complete their homework during aftercare? YES NO

If necessary, explain: _____

*If you answer yes, please understand that New Beginnings will encourage your child to do their homework, however 100% completion is not guaranteed.

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 - School Age

1. 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.
2. 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.)
3. Families who choose to **prepay for the full school year**, September through June, will be given a **5% discount**. In order to receive this discount, the payment must be made no later than September 1st.
4. Families who choose to **prepay for 6 months** of the school year, January through June, will be given a **2.5% discount**. In order to receive this discount, the payment must be made no later than January 2nd.
5. All additional **siblings** will receive a **10% discount**. This discount will be applied to the lowest tuition rate(s).
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. Children and their families are not permitted to linger on the premises for more than 15 minutes. This includes our school playground, gymnasium, and lobby.
8. New Beginnings cannot make any written or verbal agreements to a child's placement with a requested teacher or other students.
9. 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.
10. 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.
11. New Beginnings is not responsible for damaged or missing personal belongings. This includes any items issued by the Kings Park School District.

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:** _____

Online Learning Technology Agreement - School Age

In our aftercare program, children have the opportunity to complete their school assignments on their school district issued chromebooks. Listed below are some guidelines and details regarding the use of chromebooks or other outside technology at our program.

Educational Activities

Student devices should only be used to access resources and complete assignments as per child's Elementary school. Cell phones or other devices for personal use are not allowed. Educational activities will be completed based on assignments assigned by your child's primary school teacher(s).

Online Safety and Security

Students will only be able to use their device under the direct supervision of New Beginnings staff. Any unauthorized use can result in technology privileges being revoked.

Responsibility

Students are solely responsible for any devices they bring into our aftercare program. New Beginnings is not responsible for lost, damaged, misused, or stolen items.

Technical Support

If technical support is needed, our staff will do their best to provide assistance. New Beginnings does not guarantee connectivity or the quality of the Wi-Fi connection.

Printing and School Materials

Curriculum materials and resources are to be provided by your child's school district. Please be sure your child arrives at New Beginnings with all materials essential for completing their school work. It is not the responsibility of New Beginnings to provide these curriculum based materials. When your child is not working on academic material, New Beginnings is excited to have engaging activities throughout the afternoon!

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 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: () -		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	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: / /

KINGS PARK CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

Transportation Supervisor

(631) 269-3362

To: The Kings Park Board of Education I hereby request childcare transportation for:

Name:

Address:

Phone:

Emergency:

During the 2024-2025 School Year Grade: _____

School Attending: PV FS WTR RJO

Other:

Current: a.m. Rt: _____ Stop

p.m Rt: _____ Stop

CHILD CARE INFORMATION

Address of child care: New Beginnings
180 Lawrence Road, Kings Park, NY 11754

Name of responsible adult: Sylvia Bastone Phone: 631-663-5437

EFFECTIVE DATE: _____

Time of care: _____ a.m. _____ p.m.

Parent Signature: _____ Date: ____/____/____

New a.m. Rt: _____ Stop

p.m. Rt _____ Stop

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION PLAN
Child Day Care Programs

Provider Name: Kings Park Central School District Facility ID Number: 618984
Program Name: New Beginnings of Kings Park
Effective Date of Transportation Plan: 09 / 03 / 2024

This form may be used to document the program's Transportation Plan. The plan is designed to promote the safety of children and inform families of regulatory requirements regarding transportation. The parent will be asked to sign a separate Transportation Consent Form (OCFS 6013).

1. The Program will obtain written consent from the parent(s) for any transportation of their child provided for, or arranged by a caregiver, and will keep the transportation policy and the written parental consent on file at the program, and parents can be given a copy.
2. A child will never be left unattended in any motor vehicle or other form of transportation.
3. Every child will board or leave a vehicle from the curbside of the street.
4. Each child will be secured in safety seats or safety belts as required by law. Safety seats will be supplied by: (who)
KPCSD
5. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have current registration and inspection sticker.
6. The parent(s) will be provided a copy of this plan at enrollment. If the plan changes, the parent(s) will be provided a copy of the amended transportation plan, prior to its start date. The use of cell phones or any other electronic device during transport, including hand-free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road.
7. The Program will display daily transportation schedules at the following locations: (where)
Office
8. During the transport of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.
9. When a child is released from the program, the program will verify that the individual approved by the parent(s) to receive the child is present at the designated drop-off location. If the approved person is not present as planned the parent(s) will be contacted immediately by the Program.
10. The parent will be able to check the posted daily transportation schedule regarding transportation arrangements for each day a child is in care. Other Comments:
Office

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION CONSENT FORM
Child Day Care Programs

Provider Name: Kings Park Central School DistrictFacility ID Number: 618984Program Name: New Beginnings of Kings Park

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

- I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan _____

- I give permission for my child
(name) _____
to be transported by (caregiver
names and/or transportation
contractor arranged for by the
program) _____

At the following times (check all that apply):

- Only as recorded on the posted transportation schedule for my child
 Other
(explain)

By signing this form I am giving consent for the above-described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

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 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 Transportation Package is filled out completely.
- 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.