

Registration Packet

Dear Parents,

Welcome to Small Wonders Child Care Center. We are pleased that you and your child will be participating in our program.

This registration packet contains a number of forms that you should plan to complete and return to us as soon as possible.

Please do not hesitate to call or drop in. We will be happy to answer your questions or provide you with more information about the Center.

Thank you,

Nancy L. Picart,
Director

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| | |
|--------------------------|-------|
| Date of visit to center | _____ |
| Child Name | _____ |
| Date of Birth/Classroom | _____ |
| Parent Name | _____ |
| Phone # | _____ |
| Schedule needed | _____ |
| Weekly tuition | _____ |
| Deposit paid | _____ |
| Registration \$25.00 pd. | _____ |
| Application \$15.00 pd. | _____ |

Small Wonders Child Care Center, Inc.
 State Office Building
 Veterans Memorial Highway, Hauppauge, NY 11788
 (631) 360-0472
 Nancy L. Picart, Director
APPLICATION FORM

Approximate Start Date _____

| <u>Children's Names</u> | <u>M/F</u> | <u>Age</u> | <u>Birth date</u> |
|-------------------------|------------|------------|-------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Parent or Guardian Information:

Mother Guardian Name _____ Home Phone (____) _____

Home Address _____

Zip _____

Employer _____

Address _____ Work Phone (____) _____

Union Affiliation:

MC () PEF () CSEA () UUP () DC 37 () COUNCIL 87 () GSEU ()

Father Guardian Name _____ Home Phone (____) _____

Home Address _____

Zip _____

Employer _____

Address _____ Work Phone (____) _____

Union Affiliation:

MC () PEF () CSEA () UUP () DC 37 () COUNCIL 87 () GSEU ()

Today's Date: _____ Child's Entry Date: _____

Child's Name: _____

Mother Guardian Name _____ Home Phone _____

Home Address _____

_____ Zip _____

Employer _____

Address _____

Work Phone _____

Working times: Days: _____ Hours: _____

Father Guardian Name _____ Home Phone _____

Home Address _____

_____ Zip _____

Employer _____

Address _____

Work Phone _____

Working times: Days: _____ Hours: _____

Sibling(s) Name and Age: _____

The information on this form is very important in helping our staff understand your child and his/her individual needs. Please fill in the blanks that apply to your child using thought and care. This information is confidential and will not be given to anyone outside of the Center.

Child's Name: _____

Birth date: _____

Physical Development:

Type of Birth: _____

Full Term? _____

Any Complications? _____

Premature? _____

*** For Parents of Children Entering Infant I ***

Is your baby: Breast-fed? _____ Bottle-fed? _____ Both: _____

If bottle-fed, what type of formula does your child drink? _____

If breast-fed, will you be coming to feed your child at the Center? _____

When? _____ Will you supplement with bottles? _____

What food(s) is your baby eating now?

Fruit _____

Vegetables _____

Cereals _____

Juices _____

Meats _____

Milk (formula) _____

Typical Daily Feeding Schedule

Time, Food Given, and Amount:

Health of Child:

Has your child ever been seriously ill or hospitalized? _____

Please explain: _____

Any physical disabilities or limitations? _____

Any known allergies? (Asthma, hay fever, insect bites/stings, medicine, foods, etc.)

Are any medications given regularly? _____ If yes, what are they? _____

Feeding:

Has your child had any feeding problems? _____ If yes, describe briefly: _____

Have you noticed any sensitivities to particular foods? _____

If yes, what are they? _____

Behavior:

Has your child attended any other day care, nursery school, babysitters or play-group?

Which one? _____ How Long? _____

Did your child enjoy that experience? _____

How does your child respond to other children? _____

What kinds of activities does your child enjoy? _____

Release Form

Child's Name: _____ Today's Date: _____

Please do not release my child to anyone other than the persons listed below.

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Phone: _____

4. Name: _____ Relationship: _____

Address: _____ Phone: _____

5. Name: _____ Relationship: _____

Address: _____ Phone: _____

*Please note that we cannot refuse to release the child to his/her natural parents if we do not have legal documentation on file in the office.

** A 1974 Federal law acknowledges the non-custodial parent is still a parent and entitled to recognition as such by the school, unless there is a legally binding document specifically removing the non-custodial parent's right to have knowledge about the child's educational process.

It is the parent's responsibility to help keep this form up to date at all times.

Parent's/Guardian's Signature

Date

Family Information Form

** For families who are separated, divorced or step-families**

Name of Child _____ (Use full name)

Name of Mother _____ (Use full name)

Name of Father _____ (Use full name)

Who has legal custody of the child? _____

With whom does the child reside? _____

If the child resides at times with both parents, please note the schedule:

If step-family situation – Name of stepmother _____

Name of stepfather _____

Can the child be released to his/her mother? _____ or to his/her father? _____

to his/her step-mother? _____ or to his/her step-father? _____

** If the answer is “no” to any parent or step-parent, we must have on file a copy of the custody papers as well as have a photograph of a parent/step-parent to whom the child may not be released. It is expected that a parent will notify the Center if the non-custodial parent may attempt to gain access to the child while attending the Center. **

Who is responsible for paying for the child’s day care fees? _____

Can the financial arrangements with Small Wonders be shared with the other parent? _____

Can either parent visit the child at the Center? _____

* Should both parents receive notices of parent conferences, newsletters, open houses, etc.?

Field Trip Permission

Field trips and Walks are a regular and carefully supervised part of our program. Walks are often taken without previous planning, but parents will always be notified before each trip when children are to be taken by bus. My child may leave the school for Walks or Field Trips.

Parent's Signature

Date

Permission to Photograph Child

We will be publicizing the program through posters, brochures, television, newspaper articles and other publications.

I/we give permission to photograph or video my/our child _____ for the use in publicity materials with the understanding that the child's name may not be used without my/our specific permission.

Parent's Signature

Date

First Day of Child Care

The relationship that we as teachers have with the children under our care is important and influential to the child's health, development, and well-being. We provide a safe environment by planning, organizing, developing and establishing quality childcare for all children. In order to provide a warm and caring environment for our children to learn and grow in, we strive to have daily communication with parents. Communication is key in building quality childcare for the children within program.

There are several items that your child will need for his/her first day of school:

- Pictures of your children and your family
- Extra set of clothing labeled with child's name (in a shoebox or clear container)
- Diapers, Wipes, and ointment for diapering (labeled with child's name)
- Sheet and blanket (for child's cot) and any special toy for nap time
- Weather appropriate clothing for outside play (i.e.: bathing suit, water shoes, towel, and sunscreen – summer / hat, gloves, and boots – winter etc.)

The teachers in the room will send home a note requesting re-fills for diapers or any other special item that your child may need. Please feel free to ask any questions, we are always available.

Message for all State employees:

Small Wonders Child Care Center, Inc. is a licensed, not-for-profit on-site childcare center benefiting New York State employees. The Center provides quality childcare service to 55 children, aged eight (8) weeks through five (5) years.

Funding for this labor/management worksite initiative is provided through a cooperative joint labor/management effort between the Governor's Office of Employee Relations, the Civil Service Employees Association, Public Employees Federation, Council 82 AFSCME, United University Professions, District Council 37, Graduate Student Employees Union and Management.

New York State worksite childcare centers operate with a sliding fee scale based on TOTAL family income. If you would like to have your child's name placed on the enrollment wait list, please return the application with a \$15 non-refundable application fee. The application fee remains at \$15 regardless of the number of children in your family. Please note that children of New York State employees have priority on the waiting list.

If you have any questions, or require additional information, please contact Nancy L. Picart, Director, at (631) 360-0472.

Message for all non-State employees:

Small Wonders Child Care Center, Inc., is a licensed not-for-profit on-site childcare center benefiting New York State employees. The Center provides quality childcare for 55 children, aged eight weeks through five years.

If you would like to have your child's name placed on the Center's enrollment waiting list, please return the application with a \$15 non-refundable application fee. The application fee remains at \$15 regardless of the number of children in your family. Please note that children of New York State employees have priority on the waiting list.

Weekly Tuition Fees

| | |
|------------------------------|----------|
| Infant I & II Rooms | \$300.00 |
| Toddler Room | \$275.00 |
| Three Year Old & Pre-K Rooms | \$240.00 |

If you have any questions, or require additional information, please contact Nancy L. Picart, Director, at (631) 360-0472.