

Harrison Children's Center Early Childhood Program

Registration Packet



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Harrison Children's Center Early Childhood Program Registration Packet Checklist

Before you hand in the registration packet, please use the checklist to make sure that you have included all necessary information and forms.

- Required parent and child information sheet is completed
- Policy Statement is read & signed
- School Parent Agreement is read and signed
- Child Development Profile has been completed
- New York State Medical Form completed by Physician
- The registration fee- A check for \$200.00 payable to The Harrison Children's Center
- Deposit - 50% of the first month's tuition
- Blue Emergency Cards are completed
- Napping Agreement

Signature

Date



Required Parent & Child Information

Child's Name: _____ Birth Date _____

Nickname: _____ Sex: _____

Doctor's Name: _____ Phone: _____

Allergies or Special Needs: _____

Father

Name: _____

Home Address: _____

Home Phone: _____

Employer: _____

Business Address: _____

Days at Work: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

Email Address: _____

Mother

Name: _____

Home Address: _____

Home Phone: _____

Employer: _____

Business Address: _____

Days at Work: _____

Occupation: _____

Business Phone : _____

Cell Phone: _____

Email Address: _____

Marital Status: _____

Who is legally responsible for the child? _____

Authorized Emergency Contact/Pickup? (Be sure to include someone who usually knows your whereabouts.)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

Persons **not** authorized to pick up child:

1. Name: _____

2. Name: _____

For Office Use Only: Initials _____

Start Date _____

Registered Date _____ Ck _____



Policy Statement

The Harrison Children's Center is open to all children regardless of race, creed or ethnic origin.

No child will be admitted to the center without all of the forms which are listed on page 2 of registration packet (checklist).

The children are given routine health check each day upon arrival. Any child showing signs of illness or infectious disease will not be admitted to the center.

As a child care provider, our staff is responsible to report any and all suspected child abuse and/or neglect. Therefore, if any employee of HCC suspects there is any kind of child abuse and/or neglect, they must contact Child Protective Services. Please note all employees are considered mandated reports.

If your child will be absent please call the Center by 9:00 a.m.

Please be sure to pick your child up by 6:00 p.m. Persistent lateness will result in a late fee.

I have read the Parent Handbook and Policy Statement set forth by the Harrison Children's Center and agree to abide by them.

The Harrison Children's Center only accepts children who follow the N.Y.S. recommended childhood immunization schedule, unless for medical reasons.

Parent/Guardian's Signature: _____

Name of Child: _____

Date: _____



Parent-School Agreement – 2020-2021 School Year

A \$200 non -refundable registration fee is required to secure enrollment.

Childs Name _____

1. The following is your child's monthly tuition. \$ _____
2. The tuition for all programs is due by the 10th of each month.
3. HCC is open from 7:30 a.m. to 6:00 p.m. daily. Please adhere to times.
4. There will be no refund if your child is absent from the center.
5. The health of your child and all children in the center is very important. Children are very generous about sharing germs with each other; therefore please keep your child home when he/she has signs of illness.
6. No person or persons other than those specifically authorized by the child's parents will be allowed to pick-up a child unless he/she has a note written and signed by the parent. Proper identification must be provided at pick-up. (Picture I.D.)
7. I give permission to the center for the following:
 - a. To allow my child to leave the center to go on field trips, neighborhood walks, and to use the Harrison Parks.
 - b. To seek emergency medical treatment for my child in case I am unavailable when such treatment is needed.
 - c. To allow my child to appear in photographs taken by HCC and to allow any pictures of my child to be released for publication in newspapers, brochures and HCC Website.
 - d. To use my child's photograph on the "Remini" App to be disseminated to all families in my child's classroom.
 - e. To include my child's name, address, phone number and parent emails on a center list for the exclusive use of current Center families.
8. I am responsible for transporting my child to and from the center and will not hold the Harrison Children's Center responsible for my child during that time.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT YOU ARE WILLING TO ABIDE BY THE TERMS THEREOF. THE CENTER WILL NOT BE RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION AT THE TIME OF ENROLLMENT.

My Child _____ will _____ will not attend during July & August 20____

I understand this agreement will expire on August 31, 20_____.

Signature of Parent/Guardian: _____ Date: _____



Child Adult Care Food Program

Children attending the center will receive a nutritious breakfast, lunch and snack. We follow healthy guidelines provided by NYS Child and Adult Care Food Program.

Breakfast is served from 9:00 – 9:30 am, lunch is served from 12:00 – 12:30 pm and afternoon snack is served from 3:30 – 3:45. If your child is in care during these times, he or she will receive the meal or snack that is being served.

What days will your child usually be at the center? M__Tu__W__Th__F__

What hours will your child usually be at the center? Arrive____ am pm
Depart____ am pm

****Please note:** Five weeks out of the year you will be asked to provide a bagged lunch. HCC will provide breakfast, an afternoon snack and all beverages for those weeks. You will be given advanced notice. There will be no cook on site during those 5 weeks.

Signature of Parent/Guardian

Date

DO NOT COMPLETE UNTIL YEAR 2

After 1 year in care – Is all of the above information still correct? Yes_ No_

If no, what has changed?

Signature of Parent/Guardian

Date



CHILD DEVELOPMENT PROFILE

1. Child's Name: _____ Birth Date _____
2. Father's Name _____ Occupation _____
3. Mother's Name _____ Occupation _____
4. Name and ages of siblings:

5. Any other persons living in the home: (please list name and relationship to child):

6. What languages are spoken in your home? _____

YOUR CHILD

1. Was there anything unusual about your pregnancy or your child's birth?
2. If your child was adopted, how have you shared this with him/her?
3. Briefly describe what your child was like as an infant:
4. Tell us about your child now. What are his/her favorite things to do, places to go, things to play with, foods, etc.?
5. How does your child respond to new situations?

6. Is your child receiving services through Early Intervention or the Committee for Pre-School Special Education? If so, which.
7. How would you describe your child's speech?
Clear_____ Difficult to understand_____

ALLERGIES AND HEALTH CONCERNS

1. Does your child have any food allergies? Please list them.
2. How do his/her allergies manifest themselves?
3. What precautions need to be taken? Does your child have an Epi-Pen?
4. Does your child have any other health issues?
5. Has your child ever been treated for illness or injuries? If so, describe:
6. Has your child ever been hospitalized?_____ Please describe:

TOILETING

1. Is your child toilet trained? _____
Bowel_____ Urination_____
2. Does your child indicate when he/she has to go to the bathroom?

3. With which words or signals? _____
4. Are reminders necessary? _____

SLEEPING

1. Does your child usually nap? _____ Length of nap? _____
2. Does your child usually sleep through the night? _____
3. What time does your child go to sleep? _____ Wake up? _____

SEPARATION

1. How does he/she respond when you leave?
2. How do you handle this?
3. Describe any lengthy separation experiences your child has had:

FEELINGS AND SENSITIVITIES

1. How does your child express feelings?
2. What makes him/her happy?
3. Sad?
4. Frightened?
5. Angry?
6. Aggressive?

7. How does your child react to new situations?

8. How does your child do with transitions?

9. How do you help your child when he/she is upset?

10. Describe your approach to discipline. What are some of your strategies and how does your child respond?

YOUR FAMILY AND OUR CENTER

1. How did you learn about our program?

2. Is there anything we should know that will help us to understand your child better?

3. What are your expectations for your child while attending HCC?

4. Would you be interested in volunteering your time?
 - Fundraising
 - Chaperoning field trip
 - Guest Reader
 - Other (please specify)

Parent/Guardian signature _____ Date: _____

Parent/Guardian signature _____ Date: _____



Napping Arrangement

The Harrison Children’s Center offers children a robust and busy 8-10 hour day. Children are busy both physically and intellectually during the course of that day. Part of our day is a nap/rest time from 12:30 – 2:00 p.m. within each classroom. Your child will be provided with a raised cot and parents will provide appropriate bedding. (See parent handbook page 13) Bedding must be taken home and washed weekly, typically the last day of the week. During the course of their very busy morning they are often tired and need to either nap or at the very least rest. If your child is unable to sleep during nap time they will be offered quiet activities on their cots or a quiet play area within the classroom, whichever they prefer. We always allow a special soft animal to sleep with while at HCC. Your child will be supervised by HCC staff in compliance with OCFS regulations during nap/rest time. If your child requires any special arrangements for nap time please list what your preference is below.

Individual Napping Arrangements for (child’s name) _____.

____ I acknowledge that I have read the napping arrangements provided by HCC and agree with arrangements above.

____ I acknowledge that I have read the napping arrangements provided by HCC and request that you provide my child with special arrangements noted in comment section.

Parent / Guardian Signature _____ Date _____

Per Section 418-1.7 (o) Sleeping and Napping arrangements must be made in writing between the parent and the program. Such arrangements shall include: the area of the program where the child will nap; whether the child will nap on a cot, mat, bed or a crib; and how the napping child will be supervised, consistent with the requirements of section 418-1.8 of this Subpart.

Early Childhood Tuition Rates 2020-21

Registration Fee

\$200.00 non-refundable deposit

Monthly Rates

5 days \$1560.00

4 days \$1450.00

3 days \$1175.00

2nd Child Rate/Discount (20% Discount)

5 days \$1224.00

4 days \$1140.00

3 days \$920.00

Toddler

5 days - \$1660

4 days - \$1550

3 days - \$1275

2nd Child Rate/Discount (20% Discount)

5 days - \$1328

4 days - \$1240

3 days - 1020



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

| | | |
|----------------|----------------|----------------------|
| Name of Child: | Date of Birth: | Date of Examination: |
|----------------|----------------|----------------------|

Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

| | | | | | |
|---|----------------------|----------------------|----------------------|---|----------------------|
| Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP) | 1 st Date | 2 nd Date | 3 rd Date | 4 th Date | 5 th Date |
| Polio (IPV or OPV) | 1 st Date | 2 nd Date | 3 rd Date | 4 th Date | |
| Haemophilus influenzae type B (Hib) | 1 st Date | 2 nd Date | 3 rd Date | 4 th Date OR 1 st Date (if given on or after 15 months of age) | |
| Pneumococcal Conjugate (PCV) for those born on or after 1/1/08) | 1 st Date | 2 nd Date | 3 rd Date | 4 th Date | |
| Hepatitis B | 1 st Date | 2 nd Date | 3 rd Date | | |
| Measles, Mumps and Rubella (MMR) | 1 st Date | 2 nd Date | | | |
| Varicella (also known as Chicken Pox) | 1 st Date | 2 nd Date | | | |

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

| | | | |
|-----------------------|-------|-----------------------|-------|
| Type of Immunization: | Date: | Type of Immunization: | Date: |
| Type of Immunization: | Date: | Type of Immunization: | Date: |
| Type of Immunization: | Date: | Type of Immunization: | Date: |

Tests

Tuberculin Test Date: _____ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.
 Lead Screening Date: _____
 Attach lead level statement

Health Specifics

Comments

| | |
|---|--|
| Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|---|--|

ADDITIONAL INFORMATION ON REVERSE SIDE →



Medical Statement of Child in Childcare (cont.)

| | | |
|--|--|--|
| Is medication regularly taken? (Specify drug and condition) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is a special diet required? (Specify diet and condition) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are there any hearing, visual or dental conditions requiring special attention? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are there any medical or developmental conditions requiring special attention? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Summary of Physical Exam

Include special recommendations to Day Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care.

Yes No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

()
Phone

Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.



If your child has any special health care needs please fill out the Individual Health Care Plan. (ex: Asthma, Allergies, diabetes, Epilepsy or any medical condition requiring a special diet etc...)
If your child does not have any health care needs please leave blank.

Please note...Your child's medical form from the pediatrician must match this form. Also, if your child does have any health care needs additional paperwork may be required upon review of the Director.

This plan does not require a doctor's signature. It should be developed by the parent and shared with the program Director.

Any precautionary medication must be supplied to us in the original packaging and or boxes.

*****Please note that your child will not be able to start our program until ALL paperwork is completed properly*****

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**INDIVIDUAL HEALTH CARE PLAN
FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

Describe any additional training, procedures or competencies the caregiver identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

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This plan was developed in close collaboration with the child's parent and the child's health care provider. The caregivers identified to provide all treatments and administer medication to the child listed in the specialized individual health care plan are familiar with the child care regulations and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

| | | |
|--|------------------------------|---------------------------|
| Program Name: | License/Registration Number: | Program Telephone Number: |
| Child care provider's name (please print): | | Date: |
| Child care provider's signature: X | | |

Signature of Parent:

| | |
|----------|-------|
| X | Date: |
|----------|-------|