

Glenville Co-op Nursery School

Registration Form

3yr. old class___ 4yr old AM Preschool class___ 4yr old PM Pre-K class___

Child's name: _____ DOB: _____

Name they wish to be called: _____

Address: _____ City: _____ Zip: _____

Website Information:

Parent/Guardian Names: _____

Phone #: _____ Email: _____

Emergency contacts during school hours:

1. _____ Phone #: _____

2. _____ Phone #: _____

Allergies: No ___ Yes ___ allergy: _____

Toilet Trained: No ___ Yes ___

(If not 100% toilet trained, children must wear pullups or a diaper during school hours.)

**Please return/mail to school with a non-refundable
\$50. Registration fee and \$20. Supply fee to secure your child's
place in a class.**

Glenville Co-op Nursery School

PARENT CONTRACT

Child's Name: _____ DOB: _____

__ 3 yr. old Class Tuesday/Friday 9:00 - 11:30am (**\$110 monthly**)

__ Preschool Class Mon/Wed/Thurs 9:00 - 11:30am (**\$130. monthly**)

__ Pre-K Class 12:15 - 2:45pm (**5 day \$180. Or 3 day \$130. monthly**)

As a parent at Glenville Co-op Nursery School I agree to the following:

*Family participation is a must for the success of the school.

*Will hold a parent job chosen at the Aug. meeting. If I fail to fulfill this position a \$100. fee will be charged and my child's spot may be in jeopardy.

*Will participate in one cleaning night a year. A \$100. fee will be charged for not attending **and you will be assigned to another cleaning night.**

*Will participate in the annual fundraiser. This includes: donating 2 items and a bottle of wine (\$10 or more); working a shift at the event; participating in clean up.

*I understand that if I need the non-parent helper option at any time, I will notify Miss Stephanie 5 days in advance and will pay an additional fee of \$25. that month to the sub and send in snack for my child's helper day.

*Agree to let my child be photographed and have these photos displayed: (Please initial each)

Classroom____ Yearbook____ Website/Facebook____

I have reviewed the **Parent Handbook** and agree to follow and abide by all policies and procedures therein.

Parent/Guardian Signature

Date

Glenville Co-op Nursery School

* Medical Release *

Child's Full Name: _____ DOB: _____

In case of a medical emergency, the Glenville Co-op Nursery School has permission to:

Contact this person first: _____ Phone: _____

Alternate Contact person: _____ Phone: _____

Contact my child's physician YES NO

Physician's name: _____ Phone: _____

Address: _____

Have my child transported to the hospital YES NO

Preferred hospital:

Parent/Guardian: _____ Phone: _____

Signature: _____ Date: _____

* Dental Information *

It is recommended that children be seen by a dentist prior to their 3rd birthday, this is not required for enrollment in nursery school, but will be required for entrance into Kindergarten.

Has your child visited a dentist yet? YES NO

If yes, Dentist's name: _____ Phone: _____

Address: _____

Date of last exam: _____

Any concerns? _____

Glenville Co-op Nursery School

Physical Form

Child's Full Name: _____ DOB: _____

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

Date of Examination: _____

Immunizations required for entry into nursery school

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)

1st Date 2nd Date 3rd Date 4th Date 5th Date

Polio (IPV or OPV)

1st Date 2nd Date 3rd Date 4th Date

Haemophilus influenza type B (Hib)

1st Date 2nd Date 3rd Date 4th Date OR 1st Date (if given on or after 15 months)

Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)

1st Date 2nd Date 3rd Date 4th Date

Hepatitis B

1st Date 2nd Date 3rd Date

Measles, Mumps and Rubella (MMR)

1st Date 2nd Date

Varicella (also known as Chicken Pox)

1st Date 2nd 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:

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

Lead Screening (Include All Dates and Results)

1 year : // Result: _____ mcg/dL Venous Capillary

2 years : // Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

Health Specifics

Are there allergies? (Specify) Yes No

Specify: _____

Is medication regularly taken? Yes No

Specify drug and condition: _____

Is a special diet required? Yes No

Specify diet and condition: _____

Are there any hearing, visual or dental conditions requiring special attention? Yes No

Specify: _____

Are there any medical or developmental conditions requiring special attention? Yes No

Specify: _____

Summary of Physical Exam (Include special recommendations to Nursery School staff)

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 nursery school. Yes No

Signature of Examiner: _____

Phone: _____ **Date:** _____