

# 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.)

**\$70. Registration Fee and one month tuition deposit are due at time of registration to secure your child's placement.**

**These two fees are non-refundable.**

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## \* 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:** \_\_\_\_\_

# Glenville Co-op Nursery School

## \*PARENT CONTRACT\*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_ 3 yr. old Class Tuesday/Friday 9:00 - 11:30am (**\$115 monthly**)

\_\_\_ Preschool Class Mon/Wed/Thurs 9:00 - 11:30am (**\$135 monthly**)

\_\_\_ Pre-K Class 12:15 - 2:45pm (**5 day \$185**)

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 pay a registration fee and 1 month tuition deposit at time of registration. **Both these fees are non-refundable.**

\*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.**

\*Will participate in the annual fundraiser. This includes: 1) donating 2 items (\$50 value or more for each item) and a bottle of wine (\$10 or more); 2) working a shift at the event; 3) participating in the clean-up. Failure to complete all three tasks may result in a fine.

\*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