



Parma Kids  
 Preschool & Child Care Center  
 PO Box 57 ~ Hilton, NY 14468  
 392-5792 Voice/Fax

For Office Use Only: Non-Refundable Registration Fee \$ _____ Check # _____ Date Paid _____
---

## 2019-2020 School Age WRAP Around Registration Form

Child's Full Name \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex of Child M F

Parents Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Other

Parent's Email Address \_\_\_\_\_ Church You Attend \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Names and ages of other children in your family \_\_\_\_\_

Explain any emotional or learning problems your child might have \_\_\_\_\_

**PHOTO AUTHORIZATION:** I give permission for my child to be photographed and put on the school website or in newspaper. \_\_\_ YES \_\_\_ NO

**SCHOOL DIRECTORY:** I give permission for my child's address, parent's names, phone #, and email to be put in our school directory (Not our website). This is to stay connected with other parents and for staff usage.  
 \_\_\_ YES \_\_\_ NO **Please only list my:**

**Circle your choice of days and school** **AM Before School Care – Breakfast Provided 6-9 AM**

Monday	Tuesday	Wednesday	Thursday	Friday	Quest	Village	Northwood
--------	---------	-----------	----------	--------	-------	---------	-----------

What time will you drop off in the morning? \_\_\_\_\_

**PM After School Care – Snacks and Program Provided 3-6 PM**

Monday	Tuesday	Wednesday	Thursday	Friday	Quest	Village	Northwood
--------	---------	-----------	----------	--------	-------	---------	-----------

What time will you pick up your child? \_\_\_\_\_

Comments of activities your child enjoys \_\_\_\_\_

\_\_\_\_\_

## Statement of Understanding

Please note that payment is due by the first of every month. No refunds will be given for missed days due to but not limited to; a sick child, personal vacations, or school vacations. Exceptions for refunds will be made at the discretion of the Board of Directors with the advisement of the School Director. Additional activities, meals, and days require advanced permission from the School Director and payment in full before the starting date of attendance. Failure to make payments on time will result in the assessment of late fees and possible dismissal from the program. Your signature confirms your understanding of the above stated conditions and agreement to fulfill your financial obligations to Parma Kids Preschool & Child Care Center around program.

**Print name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

Photo of Child (optional)	<b>New York State Office of Children and Family Services Day Care Enrollment</b>		
	Child's Full Name:	Date Of Birth:	
	Child's Nickname:		
	Child's home Address:		
	Name of person Enrolling Child:	Relationship to child:	
Phone number(s) of person enrolling child: <input type="checkbox"/> ok to text	Address of person enrolling child:		
Email:			
<b>Emergency contact /Addresses</b>	<b>Pick up?</b>	<b>Primary phone</b>	<b>Other phone number</b>
Primary contact:	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
Emergency contact:	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
Emergency contact:	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
<i>For program use only</i> Date of enrollment:		<i>For program use only</i> 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"/> Early Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> None <input type="checkbox"/> Allergies, please list: _____ <input type="checkbox"/> Other: _____ Please provide information here <b>AND</b> discuss with your child care provider:			
Child's Primary Care Physicians' Name/Group:		Phone number:	
Preferred hospital:		Phone number:	
Child's Dental Care:		Phone number:	
Child health insurance information is available by calling toll free 1-800-698-4543 or the New York State Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a>			
<b>Agreements</b>			
<ul style="list-style-type: none"> <li>• I consent to emergency medical treatment for my child .....<input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• I consent for my child to take part in neighborhood walking trips (i.e., library, park, playground, local businesses) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• 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</li> <li>• 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</li> </ul>			
Signature- Parent or person legally responsible:			Date: