



Parma Kids Preschool & Child Care
2021 SUMMER PROGRAM
 Mail form to Parma Kids
 PO Box 57
 Hilton, NY 14468

For Office Use Only
Non refundable
Registration Fee _____
Check/Cash _____
Date Paid _ _____

Child's Name: _____ Date of Birth: _____
 Email: _____ Phone: _____
 Parent/ Guardian Names: _____

T-Shirt Size 2-4 6-8 10-12 14-16 adult S adult M

Age Group: <input type="checkbox"/> Toddler 18 months to 3 yr. old preschool <input type="checkbox"/> Pre-School completed 3 or 4 yr. old preschool <input type="checkbox"/> School Age completed K-6 th grade Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	Preschool (PS) and School Age (SA) will have the same weekly theme, but daily activities may vary.	<input type="checkbox"/> Summer Camp (9am – Noon) Daycare: <input type="checkbox"/> ½ day (9am-3pm) <input type="checkbox"/> Full day (6am-6pm)
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Choose Your Classes:

1.	Mon, June 28	T-shirts Making
2.	Tues, June 29	Strawberry Jam
3.	Wed, June 30	Garden / Terrariums
4.	Thurs, July 1	Rock Painting
5.	Fri, July 2	Cookie Making
6.	Mon, July 5	Moon Sand making
7.	Tues, July 6	Paper Mache Solar System Day 1
8.	Wed, July 7	Paper Mache Solar System Day 2
9.	Thurs, July 8	Stars at Night
10.	Fri, July 9	Galaxy Slime
11.	Mon, July 12	Sound Experiments
12.	Tues, July 13	Rockets
13.	Wed, July 14	Kitchen Chemistry
14.	Thurs, July 15	Volcano/Tornados
15.	Fri, July 16	The Water Cycle
16.	Mon, July 19	VBS
17.	Tues, July 20	VBS
18.	Wed, July 21	VBS
19.	Thurs, July 22	VBS
20.	Fri, July 23	VBS
21.	Mon, July 26	Solve A Mystery
22.	Tues, July 27	Fingerprints
23.	Wed, July 28	Secret Code
24.	Thurs, July 29	Learn a Magic Trick
25.	Fri, July 30	I Spy Bottles/ Scavenger Hunt
26.	Mon, Aug 2	Bike Rodeo- Bring your Bike!
27.	Tues, Aug 3	Healthy Food

28.	Wed, Aug 4	Track & Field
29.	Thurs, Aug 5	Beach Ball Games
30.	Fri, Aug 6	Obstacle Day
31.	Mon, Aug 9	Water Play
32.	Tues, Aug 10	Under the Sea
33.	Wed, Aug 11	Water Experiments
34.	Thurs, Aug 12	Pond Life
35.	Fri, Aug 13	Sand Play
36.	Mon, Aug 16	Chalk Art
37.	Tue, Aug 17	Crazy Painting
38.	Wed, Aug 18	3D Art
39.	Thurs, Aug 19	Sand Art
40.	Fri, Aug 20	Face Paint
41.	Mon, Aug 23	Zoo Animals
42.	Tues, Aug 24	Farm Animals
43.	Wed, Aug 25	Underwater Animals
44.	Thurs, Aug 26	Creepy Crawlers
45.	Fri, Aug. 27	Pets
46.	Mon, Aug 30	Carnival Day
47.	Tues, Aug 31	Happy Unbirthday Day
48.	Wed, Sept 1	Sing -along
49.	Thurs, Sept 2	Baking Day
50.	Fri, Sept 3	End of Summer Bash

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)	New York State Office of Children and Family Services		
	Day Care Enrollment		
	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		Address of person enrolling child:	
Emergency contact /Addresses		Pick up?	Primary phone
Primary contact:		<input type="checkbox"/> Yes	<input type="checkbox"/> ok to text
		<input type="checkbox"/> No	<input type="checkbox"/> ok to text
Emergency contact:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> ok to text
Emergency contact:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<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 AND 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: https://nystateofhealth.ny.gov/			
Agreements			
<ul style="list-style-type: none"> • I consent to emergency medical treatment for my child<input type="checkbox"/> Yes <input type="checkbox"/> No • 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 • 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 • 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 			
Signature- Parent or person legally responsible:			Date: