

Enrollment Date: _____



**6318 Amboy Road
Staten Island, NY 10309**

2009/2010 Registration

Child's name: _____ D.O.B.: _____

Address: _____

Home telephone number: _____

Parent's name: _____ Tel. #: _____

_____ Tel. #: _____

Please choose by circling the day(s) that your child will be attending One of a Kind Child care/Pre-school.

Monday Tuesday Wednesday Thursday Friday

The program my child will be attending is

_____ ½ day program (8:30 a.m. – 11:30 a.m.)

-or-

_____ full day program (8:00 am. – 4:00 p.m.)

My child will be attending _____ days a week.

Parent's signature _____ Date: _____

Please print name: _____



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2009/2010 Enrollment Contract

Child's name: _____ **D.O.B.:** _____

Address: _____

Home telephone number: _____

Parent's name: _____ **Tel. #:** _____

_____ **Tel. #:** _____

Circle the day(s) that your child will be attending **One of a Kind** Child Care/Pre-school.

Monday

Tuesday

Wednesday

Thursday

Friday

Check the program that your child will be attending:

_____ ½ day program (8:30 a.m. – 11:30 a.m.)

-or-

_____ full day program (8:00 am. – 4:00 p.m.)

My child will be attending _____ **days a week.**

Are extended hours needed? Yes or No

If yes, please indicate extended hour(s) needed: -- before 8:00 a.m. _____

-- after 4:00 p.m. _____



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Child Information/Contact Information

Child's name: _____ D.O.B.: _____

Address: _____

Parent's name: _____ Home Tel. #: _____

Cell Phone #: _____

Business address: _____ Business #: _____

City _____ State _____ Zip: _____

Occupation: _____

Parent's name: _____ Home Tel. #: _____

Cell Phone #: _____

Business address: _____ Business #: _____

City _____ State _____ Zip: _____

Occupation: _____

Child's Physician: _____ Phone #: _____

Address: _____ City _____ Zip: _____

Child Information/Contact Information

Please provide the names of two (2) persons who may be contacted during school hours in the event that you cannot be reached.

Name: _____ Phone #: _____

Address: _____

Relation to child: _____

Name: _____ Phone #: _____

Address: _____

Relation to child: _____

Does your child have any special medical problems? _____

Is this your child's first school experience? _____

What are your child's interests? _____

Are there other children in your family? _____ If yes, please list their names and ages. _____

Child's name: _____

D.O.B.: _____



Important Registration Information

Please read information carefully and sign below.

1. There is a \$40.00 non-refundable Registration Fee payable upon registration. This fee will be applied to your tuition bill each September calendar year.
2. Tuition is to be paid monthly. If tuition is paid after the 3rd of each month, there will be a \$20 late fee added to your child's tuition. (Please note: **One of a Kind Child care/Pre-school** understands that situations may arise that may alter your ability to pay your child's tuition in a timely manner. If this occurs, please discuss matter prior to the beginning of the month so that an alternative arrangement can be made.)
3. Parents/guardians will be held responsible for *all* fees that may result from any returned/cancelled check(s).
4. Parents/guardians will receive a monthly calendar prior to each month's scheduled tuition date indicating, if applicable, any holidays that month that **One of a Kind Child care/Pre-school** will be closed plus the exact amount of your child's tuition for that month.
5. A copy of all the days that **One of a Kind Child care/Pre-school** will be closed during the calendar year beginning September 2009 and ending September 2010 has been received at time of registration.
6. **One of a Kind Child care/Pre-school** will need one (1) month prior written notice if withdrawing your child.

Registration fee of \$ _____ was received on _____.

½ month refundable security deposit of \$ _____ was received on _____.

1st month Tuition of \$ _____ was received on the _____.

I have fully read the "Important Registration Information" that **One of a Kind Child care/Pre-school** has provided and understand all that is stated above.

Parent's/guardians signature _____ Date: _____

Please print name: _____



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Emergency Medical Treatment Consent Form

I give permission for my child _____
to be administered emergency medical treatment in the
event that such a need arises during my absent. I also give
permission for my child to be transported by ambulance to
the nearest hospital for treatment if such treatment is
medically necessary.

Parent's signature: _____ Date: _____

Please print name: _____



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Neighborhood Walks Permission Form

**I give permission for my child _____
to participate in neighborhood walks during the school year.
I understand that my child will be safe and well supervised.**

Parent's signature: _____ Date: _____

Please print name: _____



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Photography/Website Permission Form

_____ Yes, I give permission for my child _____
to be photographed and/or videotaped during classroom activities
throughout the school year. I understand that these
photographs/videotapes may be displayed on bulletin boards at
One of a Kind Child Care/Preschool, as well as, on our website.

_____ No, I do not give permission for my child _____
to be photographed and/or videotaped during classroom activities
throughout the school year. I understand that these
photographs/videotapes may be displayed on bulletin boards at
One of a Kind Child Care/Preschool, as well as, on our website.

Parent's signature: _____ Date: _____

Please print name: _____