**Christ Church Nursery School**

*a non-sectarian program of* **Christ Church on Quaker Hill**

**Director: Camille Ludington**

17 Church Rd Pawling, NY 12564 (845) 855-7309 ccnspawling@gmail.com

Registration for the 2022-2023 school year is being accepted for the following Programs:

**3, 4 and 5 year olds**

**Half Day Options: 9:00 - 11:30 a.m. or 12:30 - 3:00 p.m.**

**Full Day Option: 9:00 - 3:00**

**Monthly Tuition**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2 Days (T/TH) | 3 Days (M,W,F) | 5 Days (M-F) |
| Half Day | $255 | $300 | $410 |
| Full Day | $430 | $530 | $750 |

Registration is considered ‘accepted’ when the following is received:

* $75.00 non-refundable registration fee\*
* September’s Tuition\*
* Completed Registration Form
* Activity & Emergency Consent Form
* Minor Photo Release Form

Note: Copies of the required Dutchess County Dept. of Health Medical Documentation (see attached requirements) are due by August 1, 2022 to attend.

*We do not discriminate on the basis of race, color, national or ethnic origin, religion, etc*.

**Our Philosophy**

CCNS’s mission is to educate the whole child. We believe that children gain knowledge through exploration and discovery. Our goal is to enhance learning through social, emotional, moral, physical and cognitive development.

Our programs provide age appropriate experiences that will maximize each child's development and prepare them for the next step in their academic future.  Each classroom is set up in learning areas so that the children can be involved with others in a small group setting. These centers include blocks, dramatic play, art, listening, library, manipulative toys, texture table, science and math.

Each teacher carefully plans the curriculum, taking into account the interests and capabilities of the group. There is an overall school theme each week. Our daily activities and curriculum are balanced between self-directed individual activities and teacher - directed, group activities that provide opportunities for hands on learning. Through work and play, the children will develop new concepts, fully utilize their creativity, learn to cooperate, to share, to communicate and gain a sense of accomplishment. We provide them with cultural activities so they may express themselves creatively through music, movement, art and drama.

**\*Checks should be made payable to Christ Church Nursery School**

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**REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| (Check one) | 2 Days (T/TH) | 3 Days (M,W,F) | 5 Days  (M-F) |
| Half Day |  |  |  |
| Full Day |  |  |  |

Class session requested:

Child’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name child goes by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male Female

Primary home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Primary home telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this also the address and phone number where the child reside Yes No

If No, please provide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENT OR GUARDIAN INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **Parent** | **Parent** |
| Name |  |  |
| Occupation and  place of employment |  |  |
| Work Phone |  |  |
| Cell Phone |  |  |
| Email Address |  |  |
| Address,  if not primary |  |  |

**FAMILY INFORMATION**

Brothers and sisters (please list any brother and sisters indicate ages and whether they live with the child):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Date of Birth | Lives with the Child? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please list any other persons living with the child and their relationship to the child:

|  |  |
| --- | --- |
| Name | Relationship |
|  |  |
|  |  |
|  |  |
|  |  |

**PICK UP**

PERSONS AUTHORIZED TO PICK UP CHILD:

Name Phone Numbers:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PERSONS WHO MAY NOT PICK UP CHILD**

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**PERSONAL HISTORY**

Is child right-handed or left-handed? Right-Handed Left-Handed

Has child had previous group or preschool experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does child have any known allergies *(including foods)*? Yes No

**If Yes, please list and indicate if medication will be needed at school\*\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child’s physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\* If any medications will be needed at school, an updated note from the doctor is needed prior to the 1st day of school.*

In case of emergency, please contact(first two lines for parents):

Name Phone

Primary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any medical problems of which we should be aware? Yes No

If Yes, please include hospitalizations, causes, and dates.

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Are there any special food or eating instructions ? Yes No

If Yes, please provide details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please provide any additional information such as discipline, child’s communication, comforting, and so on?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Elementary School child will attend. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TUITION PAYMENT RESPONSIBILITY**

I understand and agree that I am responsible for ten (10) payments of the monthly tuition that corresponds to the program I have selected to enroll my child in. The first payment for September, along with the registration fee, is payable upon receipt of this registration. The following nine (9) payments will be billed on the 15th of each preceding month and will be due on the 1st of each month (i.e. October’s Tuition will be billed on 9/15 and due 10/1).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name



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Activity and Emergency Consent Form

Permission to participate in Christ Church Nursery School activities and to receive emergency medical care.

I hereby grant permission for my child to use all of the play equipment and to participate in all of the activities of Christ Church Nursery School.

I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care for my child if warranted.

These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian
2. Attempt to contact the child’s physician
3. Attempt to contact the parent through any of the persons listed on the emergency form by the parent
4. Call the paramedics
5. Have the child taken to an emergency hospital

I understand that any expense incurred under the above will be borne by the child’s family.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Parent’s Name | |
| Parent’s Signature | Date |
| Parent’s Name | |
| Parent’s Signature | Date |



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Minor Photo Permission Form

It is the policy of Christ Church Nursery School (“CCNS”) to obtain permission before publishing a photograph or video of any minor child as part of CCNS’s marketing or other materials. When images are published, CCNS will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, email addresses or phone numbers.

Please Choose One:

I DO give CCNS permission to publish in print, electronic, or video form the likeness or image of my minor child. I waive all claims against CCNS with respect to copyright ownership and publication, as well as any claim for compensation related to the use of the materials.

I DO NOT give CCNS permission to publish in print, electronic, or video form the likeness or image of my minor child.

Child’s Name:

|  |  |
| --- | --- |
| Parent or Guardian’s Name | |
| Parent or Guardian’s Signature | Date |



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Dutchess County Department of Health

Medical Documentation Requirements

Dutchess County Department of Health medical documentation requirements for Nursery School and Child Day Care Facility for each child enrolled in the program that must be on file:

1. **Medical Exams**
   1. Upon initial enrollment a record of medical examination performed by a Doctor or Nurse Practitioner within the last 6 months.
   2. A written statement giving assurance from such Doctor or Nurse Practitioner that there is no medical reason that would prohibit the child from attending the Nursery School or Child Day Care Facility.
   3. An updated record of each subsequent medical examination performed by a Doctor or Nurse Practitioner for each year the child is enrolled in the Nursery School or Child Day Care Facility.
2. **Immunization Records**
   1. Upon initial enrollment a record of all immunizations showing that the child has received adequate prophylaxis against rubeola (measles), rubella, mumps, diphtheria, tetanus, pertussis, poliomyelitis, haemophilus influenzae type B, and varicella.
   2. An updated record of all subsequent immunizations for each year the child is enrolled in the Nursery School or Child Day Care Facility.
3. **Blood Lead Screenings**
   1. Upon initial enrollment a record of a blood lead screening for any child at least one year in age (but under 6 years) performed by a Doctor or Nurse Practitioner within the last 3 months ( such documentation shall be retained until one year after the child is no longer enrolled).
   2. If no documentation of a blood lead screening exists, the child shall not be excluded from attending the Nursery School or Child day Care Facility, however, the Facility shall provide the parent or guardian of the child with information on lead poisoning and lead poisoning prevention and refer the parent or guardian to the child's health care provider to obtain a blood lead screening. Documentation that such information was given to the parent or guardian.
4. **Medication administration**
   1. If a child requires any medications to be administered by the Child Day Care Facility or Nursery School whether it be a Doctor or Nurse Practitioners prescription or over the counter medication, a written record of such medication(s) is to be maintained on file at the Child Day Care Facility and such documentation is to be signed by both the parents and the Doctor or Nurse Practitioner.