

# Summer Enrollment Application

Date: \_\_\_\_\_ Please use **black ink** and give all information requested.

## Child Information

<u>Name (include last name if different)</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Grade Sept</u>	<u>Current Teacher</u>	<u>T-Shirt Size*</u>
1. _____					
2. _____					
3. _____					

\*T-SHIRT SIZES:      2-4      6-8      10-12      14-16      Adult S      Adult M

## Parent Information

Parent Name	Where can you be reached during Summer Camp? List all phone numbers:
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## Schedule

Child's Name	Age 12/1	Field Trips 9am-4pm Ages 7-12  <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Days No Field Trips on T/TH					Check Hours 9-12 For Ages 2-5 Only			Check Weeks					
			Mon	Tue	Wed	Thu	Fri	9-12	10-3	9-4	1	2	3	4	5	6
			1.		<input type="checkbox"/> Yes <input type="checkbox"/> No											
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No														
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No														

## Extended Hours

Name(s) of Child(ren) Dropped off 7-9am	<u>Drop Off Time?</u>	Please Check Days					Please Check Weeks									
		Mon	Tue	Wed	Thu	Fri	1	2	3	4	5	6				
Name(s) of Child(ren) Picked up 4-6pm	<u>Pick Up Time?</u>															
<u>Name(s) of Child(ren) For Lunch Bunch 12-1</u>	12-1pm															

Use this space for any other information we should know regarding your enrollment:

I request the above schedule for my child. I agree to the conditions of this Enrollment Application and New Discovery Summer Camp Policies.

<b>Parent or Guardian Signature:</b>	<b>Date:</b>
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If your child is **not currently enrolled** or you have **Changes in Information**, fill in the reverse side>>>>>>>>

**New Discovery**  
180 Lawrence Road  
Kings Park, NY 11754

**Phone:** 631 544-0830  
**Fax:** 631 544-6252  
**Web:** newdiscoverykids.com



## SUMMER CAMP GENERAL AGREEMENT

1. After June 1<sup>st</sup>, there will be no refunds or credits to summer tuition for withdrawals, absences, closings, or changes to less hours. Changes and cancellations prior to June 1<sup>st</sup> are subject to a \$50 processing fee. Processing fee is \$100 for trip classes. Registration Fees are NON-REFUNDABLE.
2. Days and hours must be chosen at the time of registration (except for "add-a-week"-see below). A schedule of different days from week to week cannot be accepted. There will be no combinations of days other than MWF, T/TH or Monday through Friday.
3. The child's scheduled number of hours and days may be increased at any time and will be charged according to camp tuition policy.
4. Summer Tuition and the Summer Registration Fee must be paid in full at the time of registration. Partial payments will not hold a place in a class.
5. ADD-A-WEEK: At the program's discretion and availability, one week may be added on to the child's schedule after the child starts camp. The "add a week" fee must be paid at least one week in advance and a **weekly rate** will be charged. No discounts are applied to the one week rate. One week rates are not published in the rate schedule and are available on request.
6. RETURN CHECKS: A \$25 fee will be charged for returned checks.
7. EXTENDED DAY & LUNCH BUNCH: A child's daily hours may be extended before 9am, from 12-1pm (Lunch Bunch), or after 4pm. A different schedule for each week cannot be accommodated, unless the fee for the entire week is paid. Minimum charges for extended care are: \$104 for 6 weeks, \$87 for 5 weeks, \$76 for 4 weeks, \$60 for 3 weeks, and \$55 for 2 weeks. Extended hours for one week are charged at \$10 per hour. Use rates shown in the "Extended Care" chart included in Summer Rates.
8. DROP-IN CARE may be available before and after the normal class hours, during lunchtime (12-1) and on days that a child does not normally attend. Availability must be checked in the office first. Drop-In care for summer camp is charged at \$10/hr and a \$50 deposit is required. Any portion of an hour will be charged as a full hour. Drop-In Care will not be allowed when a family's prior or current tuition is past due.
9. LATE PICK-UP: There will be a \$15 Late Pick-Up Fee each time a child is dropped off earlier or picked up later than his/her scheduled time. There will be a fee of \$1 per minute for pick-up after New Discovery closing time (in addition to the \$15 late pick up fee). However, late pick ups are an inconvenience to our staff, interfere with state regulations, and, if persistent, may lead to termination of the child's enrollment.
10. DISCOUNTS:
  - a. Second Child Discount: There will be a discount of 10% on the lower tuition for the second child enrolled.
  - b. When a child is enrolled on or before April 1<sup>st</sup>, there will be a \$10 reduction in the summer registration fee.
11. Parents provide snack for children and lunch must be sent for children attending more than 3 hours per day.
12. MEDICAL RECORDS: No child may be accepted in our program unless New Discovery has been provided with the Medical Report provided with our application. The form must be signed by a health care provider stating that the child is able to participate in our program, currently appears to be free from contagious or communicable diseases and is receiving health care, including appropriate health examinations, in accordance with American Academy of Pediatrics' schedule of such care and examinations. Medical Statements will not be accepted if dated more than one year before a child starts camp. New forms must be submitted annually. If a child has not been enrolled in our program prior to starting camp, A Medical Statement must be submitted BEFORE a child starts camp. An Immunization Record must be presented at the time of registration for all preschool children who are not currently enrolled in New Discovery.
13. An immunization record is NOT required for children attending public school, or who attended public school before starting summer camp. All others must read and comply with the above paragraph.
14. New Discovery cannot make any written or verbal agreements to a child's placement with a requested teacher or other children. Age groups will be divided or combined according to the number of children enrolled.
15. FIELD TRIPS: Fees include 2 trips per week. Bag lunch must be provided by the parent for field trips. Trips are scheduled on Wednesdays and Fridays. There will be no refunds or credits given for cancelled trips or absences. Field Trips are optional and must be chosen at the time of registration for the length of the child's enrollment. Per diem trips cannot be scheduled in advance. However, if there is availability 48 hours before a scheduled trip, a non-trip child may go on a trip and pay a daily trip fee.
16. New Discovery reserves the right to change policies, fees and offers at any time and will notify parents of any changes. To secure a schedule for your child, all forms, fees, and medical records must be submitted. An incomplete registration may not be accepted.

By signing below, I certify that I agree to all terms, conditions, and disclosures in this agreement and Summer Handbook. The Enrollment Application must be filled in accurately and in full before the child's registration can be accepted. Enrollment is subject to examination of prior and current tuition records and approval.

✓ Signature of Parent or Guardian	✓ Date
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**NEW DISCOVERY EARLY CHILDHOOD CENTER INC.  
SUMMER CAMP HEALTH AND SOCIAL RECORD  
One Form Per Child is Required**

If you need additional forms, they are available in the main office and on our website [newdiscoverykids.com](http://newdiscoverykids.com)

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

Has your child ever been in a childcare setting? Yes  No  If so what kind?  
 New Discovery  Relative's Care  In Home  Church  Pre-School/Center   
 Other

Briefly describe your child's experience and include name of other program and prior New Discovery teachers:

<b>Please answer the following:</b>	<b>Yes</b>	<b>No</b>	<b>Explain</b>
Any existing condition New Discovery should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is child able to fully participate in all activities?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does your child function at an age appropriate level?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to communicate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special or restricted diet?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toilet trained?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Need to rest in the middle of the day?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does your child require any medication, therapy, medical treatment or assessment while in childcare?  
 Yes  No  Explain:

Does your child require one-on-one care/supervision on a regular basis for a significant period of time?  
 Yes  No  Explain

Does your child require any accommodation or modification in order to fully and equally enjoy and participate in New Discovery's group care setting? Yes  No  Explain

Provide any additional comments and/or information that would be helpful in providing your child with the best possible experience.

To the best of my knowledge, the information I have provided and the statements I have made in this Health and Social Record are correct and complete. I understand that withholding or providing false information herein or in connection with the enrollment process may result in immediate disenrollment of my child. I further agree to update the information in this Health and Social Record as circumstances may require.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

# Medical Statement of Child in Childcare

**To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner**

Name of Child:	Date of Birth:	Date of Examination:
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**Immunizations required for entry into day care**

Yes  No

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
Polio (IPV or OPV)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> 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:	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

**Most recent date of lead screening (if different from above):**  
\_\_\_ / \_\_\_ / \_\_\_ 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.

ADDITIONAL INFORMATION ON REVERSE SIDE →

**OCFS-LDSS-4433 (Rev. 4/2008) REVERSE**

Medical Statement of Child in Childcare (continued)

<b>Health Specifics</b>	<b>Comments</b>
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Summary of Physical Exam**

Include special recommendations to Day Care Providers

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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 day care.  Yes  No

_____ Signature of Examiner	_____ Address	
_____ Please Print Name	_____ City, State, Zip	
_____ Title	_____ (     ) Phone	_____ Date

**Religious Exemptions**

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

**NEW DISCOVERY EARLY CHILDHOOD CENTER, INC.**  
180 LAWRENCE ROAD  
KINGS PARK, NEW YORK 11754  
PHONE: 631 544-0830      FAX: 631 544-6252

# Enrollment Requirements

The following must be submitted BEFORE we can accept any child in our program:

- ✓ Completed Enrollment Application (all requested information), signed and dated.
- ✓ Fees and Deposits-below. Call or stop in for Tuition Rates. Checks payable to "NEW DISCOVERY".
- ✓ Health & Social Record
- ✓ Medical Statement

## Fees for Summer Camp Enrollment - March through August, 2012

Each registration is to be accompanied by a registration fee and Camp tuition paid in full at the time of enrollment. Partial payments will not hold a place in a class.

Non-Refundable Registration Fee:	\$25 per child - March \$35 per child - April to August
Refunds/Credit	Up to June 1 <sup>st</sup> there is a \$50 processing fee for withdrawal (\$100 for field trip program) After June 1 <sup>st</sup> there are no refunds

## Fees for Vacation Care

Each registration is to be accompanied by the Vacation Care tuition paid in full at the time of enrollment. There will be a \$35 per child, per year registration fee for children not currently enrolled at New Discovery.

## Medical and Immunization Records

No child will be accepted in our program unless New Discovery has been provided with a written Medical Statement on the New York State required form provided with the application. The form must be signed by a health care provider stating that the child is able to participate in child care, currently appears to be free from contagious or communicable diseases and is receiving health care, including appropriate health examinations, in accordance with American Academy of Pediatrics' schedule of such care and examinations. Medical Statements will not be accepted if dated more one year before a child starts school. New forms must be submitted annually. Immunization Records can be faxed to (631) 544-6252. Medical records are NOT required for children attending public school, or who attended public school prior to starting summer camp.

Prior and current tuition records will be reviewed before each application is approved. An incomplete registration may not be accepted. New Discovery cannot make any written or verbal agreements to a child's placement with a requested teacher or other children. If you have twins, please let us know your preference of placement (together or separated), in writing, at the time of registration. In some cases, separation of twins is not possible due to class schedules.

**BRING YOUR CHILD'S IMMUNIZATION RECORD WITH YOU AT THE TIME OF ENROLLMENT**