

**NEW DISCOVERY EARLY CHILDHOOD CENTER, INC.**  
 180 Lawrence Road, Kings Park, NY 11754 (631) 544-0830  
**2012-13 Enrollment Application**

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

<b>Sponsor Information (i.e.: Mother)</b>		
Name		
Address		
City	State	Zip
Home Phone	Beeper	
Work Phone (daytime phone)	Cell Phone	
Employer		
Relationship to Child		

<b>Co-Sponsor Information (i.e.: Father)</b>		
Name		
Address		
City	State	Zip
Home Phone	Beeper	
Work Phone (daytime phone)	Cell Phone	
Employer		
Relationship to Child		

<b>Child Information</b>			
<u>Name (include last name if different)</u>	<u>Date of Birth</u>	<u>Gender (Male or Female)</u>	<u>Nickname</u>
Child lives with Sponsor _____ Co-Sponsor _____ <b>If other than sponsor or co-sponsor please fill in the following:</b> <u>Name(s)</u> _____ <u>Address</u> _____ <u>Phone</u> _____ <u>Relationship to Child</u> _____			
If child does not live with biological mother and/or father, please give any information that is important for New Discovery to know in caring for the child: (Example: divorce, separation, death, illness of parent or custody/adoption of child)			
<u>Brothers/sisters living with child and ages:</u>		<u>Brothers/sisters not living with child and ages:</u>	
If other than Sponsor or Co-Sponsor above are to receive correspondence, bills and notices please indicate name and address:			
E-Mail Address _____ Checked: Frequently _____ Sometimes _____ Never _____ <u>Where did you hear of New Discovery?</u> (Circle the appropriate choice)			
Yellow Pages	Pennysaver	Walk-In	Internet
Friend or Relative Name _____			

**PARENT OR GUARDIAN AUTHORIZATION, PERMISSION, AND ENROLLMENT REQUEST**

- The following people, in order of priority, are authorized to pick up my child from school and/or to be called in the event of illness, accident, early school closings or other unexpected circumstances. It is the responsibility of the parent, legal guardian or contact listed below to provide transportation from the facility immediately.

**Authorized Pick Up (APU) Emergency Contact**

List at least 2 names with phone number and relationship to child (must be 18 years of age)

Name	Phone Number	Relationship to Child

**Unauthorized Pick Up**

Name	Brief description of why person is not permitted to pick up child

- I give permission for New Discovery to seek emergency medical treatment for my child along with transportation to a hospital selected by New Discovery in the event that I cannot be contacted immediately. I authorize hospital health care providers to secure all necessary treatment for my child. I will assume responsibility for all expenses incurred.
- I give permission for my child to participate in school-approved activities that include special visitors to the classroom.
- If my child does not take a bus, I take responsibility to safely drop off and pick up my child at his classroom.
- I give permission for my child to use all the play equipment and participate in all of the activities of the school.
- I agree to comply with the rules and regulations of New Discovery as set forth in the Enrollment Handbook.
- I give permission for my child to be included in pictures taken at New Discovery which may be displayed on site or off and/or used on the New Discovery website.
- I give permission for New Discovery to apply over the counter diaper ointment, sunscreen, or lip balm that I supply.

<b>CHILD'S NAME</b>	<b>ELEMENTARY SCHOOL &amp; DISTRICT</b>	<b>Number (office use)</b>
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**GROUP REQUESTED:** 18 MONTHS (by start date)    2YRS    3YRS    4YRS    5YRS  
 If your child does not meet the age of the group requested by the cut off date, your request must be approved by the director.

<b>CLASS REQUESTED</b>	<b>TIME</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	
AM Class	9:00-12:00						
Lunch	12:00-1:00						
PM Class	1:00-4:00						
Mini Day Class	10:00-3:00						
OR	9-3:00						
Full Day Class	9:00-4:00						

**For Extended Hours Pre-K:**

<i>Before Care Drop Off Time</i>	<i>7:00-10AM</i>	am	am	am	am	am	<i>PV FS</i>
<i>After Care Pick Up Time</i>	<i>3:00-6:00PM</i>	pm	pm	pm	pm	pm	<i>PV FS</i>

<b>Signature of Parent or Guardian:</b>	<b>Date:</b>
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Use this space for any other information we should know regarding your child's enrollment:

New Discovery cannot make any written or verbal agreements to a child's placement with a requested teacher or other children. New Discovery reserves the right to revise or refuse the above request based on availability or failure of parent and/or sponsor to comply with New Discovery policies. The Enrollment Application must be filled in accurately and in full.

**New Discovery Early Childhood Center, Inc.**  
**PHONE: (631) 544-0830      FAX: (631) 544-6252**  
**2012-13 GENERAL AGREEMENT**

1. Registration fees are NON-REFUNDABLE.
2. Tuition is due on the first class day of the month, no later than the 8<sup>th</sup> of the month, regardless of absences or school closings.
3. Tuition statements will be sent for September 2012 and June 2013 tuition ONLY. For all other tuition, it is the parent or sponsor's responsibility on the first of each month to leave it in the tuition mailbox in the office or mail to NEW DISCOVERY, 180 LAWRENCE ROAD, KINGS PARK, NY. Checks should be made payable to New Discovery with the child's name written on the front of the check. Do not leave cash in the tuition mailbox.
4. A \$25 LATE FEE will be charged for tuition received after the 8<sup>th</sup> of the month and/or for returned checks (including post-dated checks).
5. If a child is sick on the 8<sup>th</sup> and you cannot mail or deliver your check, you must notify the school on or before the 8<sup>th</sup> in order for the late charge to be waived. There will be no waiver of the late fee when school is closed on the 8<sup>th</sup>. Payment must be received by the last day school is in session before the 8<sup>th</sup>. A late fee will be charged on payments POSTMARKED after the 8<sup>th</sup> of the month.
6. All fees are annual (Sept-June), divided into 10 installments, with no credits or make-up days for shorter months, school closings, or absence. Delayed openings, make-up days, school opening in September, and school closing in June may not exactly coincide with Kings Park Schools.
7. New Discovery tuition policy requires that the first and last month of the school year and the registration fee be paid in full before a child starts school in September. If the June 2012 -13 payment in full is not received by June 8, 2012 and no written explanation has been received, New Discovery will assume that the child has been withdrawn.
8. If a child's schedule increases mid-month, that month's tuition will be charged at the hourly rate for the number of extra days he/she will attend or the monthly rate (whichever is lower). The monthly rate will be charged for the remainder of the school year. When a change is made to a child's schedule at any time during the school year and there is an increase in tuition, that increase must be paid for the current month AND June 2013.
9. There will be no credits against monthly tuition for mid-month changes when the change is to a lesser number of days or hours. Credits against the June deposit will be deferred until May on ALL CHANGES made during the year.
10. For withdrawals taking place before the school year begins in September 2012, parents must submit a letter requesting a refund. The letter should include the child's name, age, days and hours scheduled, and the reason for withdrawal. The June 2013 tuition deposit will be returned providing the family's account is up to date, all charges have been paid, and the conditions of this agreement have been met. September 2012 tuition will be returned only if the school is notified at least 2 weeks before the child's Orientation Date. The \$75 per child registration fee will not be returned.
11. For withdrawals after school starts in September 2012, the school must receive a letter at least 2 weeks prior to withdrawal of the child, requesting the return of the June 2013 tuition, indicating the child's last day, and giving the reason for the withdrawal. No credits or refunds for partial month's attendance will be given. The June 2013 tuition deposit will be returned as long as the account is up to date and the conditions stated in this paragraph have been met. The \$75 per child Registration Fee will not be returned. There will be no refunds of June 2013 tuition for withdrawals after April 30, 2013.
12. ALL WITHDRAWALS ARE SUBJECT TO A \$35 PROCESSING FEE PER CHILD.
13. Each change of hours to a child's schedule after registration that results in fewer hours is subject to a \$20 processing fee.
14. Per Diem additional hours are due at the time of care at the rate of \$10/hour, and will not be allowed when a family's prior or current tuition is past due. Any portion of an hour will be charged as a full hour. Monthly rates for extended care are based on a ten-month fee divided into 10 equal monthly payments. There are no credits or make-ups for closings, holidays, and/or absences.
15. There will be a \$10 Late Pick-Up Fee when a child is picked up later or dropped off earlier than his/her scheduled time. We close at 6pm and there will be a fee of \$1 per minute for pick-up after that time. However, late pick ups are an inconvenience to our staff, interfere with state regulations, and are reason to terminate the child's enrollment. .
16. A discount of 5% will be given for pre-payment of a full year (September to June). Parents paying annually must follow the requirements for payment of June 2013 tuition as described in #7 above. Annual tuition is due in full no later than August 8, 2012, in order to receive the discount. There will be a discount of 10% on the lower tuition for the second child of the same family.
17. New Discovery cannot make any written or verbal agreements to a child's placement with a requested teacher or other children. If it is determined by New Discovery that a child's placement is not appropriate for his/her requested or assigned class and program, the child's enrollment may be revised or terminated. New Discovery reserves the right to cancel and/or combine classes.

✓ Signature of Parent or Guardian	✓ Date
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By signing above, I certify that I agree to all terms, conditions, and disclosures of this agreement and the New Discovery 2012-13 Parent Handbook. Enrollment is subject to examination of prior and current tuition records and approval by the school. To secure a schedule for your child, all forms, fees, and medical records must be submitted. An incomplete registration may not be accepted. I have read the Lead Poisoning Article on the back of this agreement.

# Protect Your Child From Lead Poisoning

 *It is recommended that PreK children have a blood test to determine the level of lead in the body. No child will be excluded from our program if the test is not done.* 

Lead poisoning is a serious but preventable disease that affects the development of a child, and can cause speech, hearing, learning and behavior problems. If left untreated, lead poisoning can permanently damage a child's brain, kidneys, blood and nervous system. Most of the time, a lead-poisoned child has no symptoms; a blood test is the only way to determine the level of lead in the body.

1. **Get your child tested** for lead poisoning, even if he or she seems healthy.
2. **Keep it clean.** Ordinary dust and dirt may contain lead. Clean floors, window frames, windowsills, and other surfaces weekly. Make sure the whole family washes their hands before meals and before going to bed.
3. **Reduce the risk** from lead paint:
  - a. **Lead dust** is the #1 cause of lead poisoning, not paint chips. All it takes is as much dust as can be found in the packet of sugar you put in your coffee. If your home was built before 1978, you may create lead dust by disturbing subsurface layers of lead paint during home improvement projects or even by activities such as the opening and closing older windows
  - b. Make sure your child does not chew on anything covered with lead paint such as painted windowsills, cribs, or playpens.
  - c. Don't burn painted wood, as it may contain lead.
  - d. Use blinds that are labeled "lead-free".
4. **Don't remove lead-based paint by yourself!** Hire a professional who has training in lead-safe work practices. Infants, children, and pregnant women should not be in the home while renovations and repairs are under way.
5. **Don't bring lead dust into your home** – either from a hobby or from your place of work, from dust and dirt around homes, or from roads that may contain lead.
6. **Get lead out of your drinking water.** Water usually picks up lead inside your home from household plumbing that is made with lead materials.
  - a. The only way to know if you have lead in your water is to have it tested. Call your local health department or your water supplier to see how to get it tested.
  - b. Household water will contain more lead if it has sat for a long time in the pipes, is hot or is naturally acidic. If you think your plumbing might have lead in it:
    - Use only cold water for drinking, cooking, and making baby formula.
    - If the cold water hasn't been used for a few hours, let it run for 15-30 seconds before drinking it or cooking with it.
7. **Eat right.**
  - a. A child who gets enough iron and calcium will absorb less lead. Foods rich in iron include eggs, lean red meat, and beans. Dairy products are high in calcium.
  - b. Don't store food or liquid in lead crystal glassware or imported or old pottery.

For more information contact:

National Lead Information Center  
EPA's website  
EPA's Safe Drinking Water Hotline

1-800-424-LEAD (5323)  
[www.epa.gov/lead](http://www.epa.gov/lead)  
1-800-426-4791



NEW DISCOVERY EARLY CHILDHOOD CENTER INC.

HEALTH AND SOCIAL RECORD

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

Parent's Name: \_\_\_\_\_

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

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 teacher's names:

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

<b>Please answer the following:</b>	<b>Yes</b>	<b>No</b>	<b>Explain</b>
Was the pregnancy for this child full-term?	<input type="checkbox"/>	<input type="checkbox"/>	_____
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"/>	_____
Any problems at meal time?	<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"/>	_____

NEW DISCOVERY EARLY CHILDHOOD CENTER INC.  
HEALTH AND SOCIAL RECORD

Does your child see the same health care provider (pediatrician, Nurse Practitioner) for all visits?

Yes  No  Explain \_\_\_\_\_

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



# 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	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 OR 1 <sup>st</sup> Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those	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     /     /     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     /     /    

Attach lead level statement

**Lead Screening (Include All Dates and Results)**

1     /     /     Result:     mcg/dL  Venous  Capillary

2     /     /     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 →

# Medical Statement of Child in Childcare (continued)

## Health Specifics

## Comments

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 (see below). Call or stop in for Tuition Rates.**
- ✓ **Checks should be made payable to "NEW DISCOVERY".**
- ✓ **Health & Social Record**
- ✓ **Medical Statement**

## Fees for 2012-13 School Year - January 2012 through May 2013

### January through May 31

Each registration is to be accompanied by a \$75 non-refundable registration fee and a \$125 deposit applied to June 2013. The balance of June 2013 will be billed and is due June 8, 2012. If the June 2013 payment in full is not received by June 8, 2012, and no written explanation has been received, New Discovery will assume that the child has been withdrawn. September Tuition will be billed and is due August 8, 2012.

### June 1 through July 31

Each registration is to be accompanied by a \$75 non-refundable registration fee and June 2013 tuition. September Tuition will be billed and is due August 8, 2012.

### After August 1

Each registration is to be accompanied by a \$75 non-refundable registration fee, June 2013 tuition, and the first month's tuition.

## 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/Credits:

**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**