



Clifton Park Nursery School
344 Moe Road
Clifton Park, NY 12065
(518) 371-5850
www.cliftonparknurseryschool.org

WELCOME TO CLIFTON PARK NURSERY SCHOOL! "The Little Red Schoolhouse" Mini Sessions

Clifton Park Nursery School is a cooperative nursery school with a family-centered program. The parents, children, and teacher learn to work and play together in a warm and caring environment. Parent involvement includes helping in the classroom and on field trips.

During each class a parent assists the teacher so that there are always two adults present. Class size is limited to 12 children in each Mini Session.

Our mini session schedule is:

Wednesdays	October 4, 2017-November 8, 2017	12:30-3:00pm
Wednesday	January 10, 2018-February 14, 2018	1:00pm-3:00pm
Wednesday	March 7, 2018-April 11, 2018	1:00pm-3:00pm

Open houses and tours of the school are arranged regularly. Class observations are done by appointment to limit classroom disruptions. Parents can observe the class for 15 minutes while the prospective student is welcome to join the class. Details of current Open Houses can be found at <http://www.cliftonparknurseryschool.org>. You can also leave a message for the Registrars at 371-5850.

We look forward to meeting you and telling you more about our unique program.

Sincerely,

Executive Board,
Clifton Park Nursery School

Dear Parent:

Enclosed is the Registration Packet for Clifton Park Nursery School for the 2017-2018 school year. The packet includes the following forms:

- | |
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| <ol style="list-style-type: none">1. Registration and Emergency Information Form2. Parents' Creed and Contract (2 copies)3. Health Certificate4. Delegation of Parental Consent |
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All registration forms must be completed and returned to us along with the registration fee explained below in order for your application to be considered complete. The only exception is the Health Certificate, which must be returned prior to the first class. This registration fee is non-refundable.

Mini Sessions:		
Wednesday's Oct. 4 – Nov. 8, 2017 – 12:30 – 3pm	Learning Through Nature Class: Animals, Adaptations, and Habitats.	Registration Fee: \$58/\$48 if enrolled in another class
Wednesdays' Jan 10, 2018 – Feb 14, 2018 – 1pm -3pm	Learning Through Art Class: Storybook Illustrations	Registration Fee: \$58/\$48 if enrolled in another class
Wednesdays' March 7, 2018 – April 11, 2018 – 1:00 – 3pm	Topic TBD	Registration Fee: \$58/\$48 if enrolled in another class

*These are the 2017-2018 tuition rates.

Please forward all forms and registration fees to the Registrar at the following address:

Clifton Park Nursery School
344 Moe Road
Clifton Park, NY 12065

We would appreciate that these forms be completed fully to insure the smooth and efficient functioning of our school. We thank you for your cooperation and look forward to your family's participation in Clifton Park Nursery School.

If you have any questions, or need further information, please do not hesitate to contact one of us.

Sincerely,

Executive Board,
Clifton Park Nursery School

Clifton Park Nursery School

REGISTRATION FORM

Child's Name – Last _____ First _____ Middle _____

Nickname (if any) _____ Class _____

Date of Birth _____ Sex (circle) Male Female

Parent's Name (1) _____

Parent's Name (2) _____

Home Address _____

Home Phone Number(s) _____ Cell Number(s) _____
(Please * the best contact number)

E-mail Address _____
(We do most of our correspondences through e-mail, so please be sure that this is an address that is checked regularly.)

Parent's Employer (1) _____ Work Phone _____

Work Address _____

Parent's Employer (2) _____ Work Phone _____

Work Address _____

Class Session Selection:

Wed's - Oct 4 – Nov 8, 2017 12:30 – 3pm

Wed's - March 7 – April 11, 2018 1:00 – 3pm

Wed's - Jan 10- Feb 14, 2018 1:00 – 3pm

Sibling Information (if applicable)

First Name	Age	Date of Birth	School
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Do you expect your child to be toilet trained by September? (It is fine if answer is No.) _____

Has your child had previous nursery school experience? _____ When? _____

Where? _____ Reason for leaving _____

Clifton Park Nursery School

REGISTRATION FORM

Child's Name _____ Class _____

Is there anything about your child that would be helpful for the teacher to know in order to understand and work with him/her better? Please, take a moment to think about this. It is very helpful information.

What are your child's favorite activities?

What do you want your child to gain from his/her nursery school experience?

Does your child have any special fears?

How did you find out about our school?

EMERGENCY INFORMATION FORM

In case of emergency, list three people who could be contacted in case there is an emergency and you cannot be reached. Please be sure they know their names are being given, and that they should be available if needed.

Name 1 _____ Relationship _____

Address _____ Phone _____

Name 2 _____ Relationship _____

Address _____ Phone _____

Name 3 _____ Relationship _____

Address _____ Phone _____

List any allergies your child has.

List any special needs your child has.

List any medications your child takes on a daily basis.

List any medical or physical limitations your child has.

Type of Hospitalization Insurance (Blue Cross Blue Shield, CHP, Etc.) _____

Policy ID# _____ File No. (if any) _____

Doctor's Name _____ Phone _____

Clifton Park Nursery School

PARENT CREED AND CONTRACT (1)

We, _____ and _____,

the parents of _____,

understand that the Clifton Park Nursery School is a cooperative school fully administered by the parents of the enrolled children. We agree to join this cooperative and fulfill the duties thereof:

1. To act as helping parent when scheduled.
2. To provide transportation for our child to and from school at the designated class times.
3. To chaperone and provide transportation for field trips, as required.

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*All fees are subject to change. These are the 2017-2018 rates.

6. To provide a healthy, nut free snack.
7. To follow the Constitution and By-laws of Clifton Park Nursery School.

By signing this contract, we agree to all of the above.

Date

Parent 1

Parent 2

RETURN THIS COPY

Clifton Park Nursery School

PARENT CREED AND CONTRACT (2)

We, _____ and _____,

the parents of _____,

understand that the Clifton Park Nursery School is a cooperative school fully administered by the parents of the enrolled children. We agree to join this cooperative and fulfill the duties thereof:

1. To act as helping parent when scheduled.
2. To provide transportation for our child to and from school at the designated class times.
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Date

Parent 1

Parent 2

KEEP THIS COPY

Clifton Park Nursery School

HEALTH CERTIFICATE

Child's Name _____ Class _____

This form must be completed and signed by your physician and returned no later than the start of school.

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Examining Physician _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

1. Please indicate any findings on the physical examination of this child, which should be brought to the attention of the school.

2. If this child is to have any modification or limitation of the physical activity in the school program, please indicate the situation and the extent of such restrictions.

3. Please include any allergies or reactions this child may have.

4. New York State requires certain immunizations for children attending nursery or pre-kindergarten classes. Please indicate dates of the following:

Oral Polio (3 or more doses): I _____ II _____ III _____ Boosters _____
(IPV/OPV)

DTP/DTaP (3 or more doses): I _____ II _____ III _____ Boosters _____
(Diphtheria, Tetanus, Whooping Cough. DPT)

Measles, Mumps & Rubella (1 dose): _____
(MMR)

HIB: _____
(1 dose if given at age 15 months or older, otherwise 3 doses)

Hep B (3 doses): I _____ II _____ III _____

Pneumococcal Conjugate Vaccine (4 doses): I _____ II _____ III _____ IV _____
(PCV)

Varicella: _____
(Chickenpox) (Or documentation as having had the disease by a physician, if unsure documentation of serologic immunity)

Date of Examination*: _____ Signature: _____

*Examination must take place within 1 year prior to the beginning of the school year.

Clifton Park Nursery School

DELEGATION OF PARENTAL CONSENT FOR MINOR CHILDREN

Undersigned, being the parent(s) of _____, a minor, do (does) hereby authorize and empower the teacher of the Clifton Park Nursery School to be undersigned's agent and attorney-in-fact to consent to such medical, dental, and surgical care and hospitalization as said agent shall deem necessary for the above-named minor, provided the same is recommended by and is rendered under the general or special supervision of any physician, dentist, or surgeon (or insert the name of specific physician or dentist desired) _____ or a hospital.

It is understood that this delegation is given in advance of any specific need for treatment, but is given to provide authority on the part of said agent to give specific consent to any and all medical, dental, and/or surgical care and hospitalization which the above-mentioned physician or surgeon of hospital may, in its best judgment, deem advisable of said minor.

Any physician, dentist, or surgeon or hospital, who has had delivered to it a copy of this delegation, is hereby requested to honor the consent of the aforesaid agent for treatment to said minor to the same extent as if said consent had been made by the undersigned.

This authorization shall remain effective until _____.
(For one to three years)

This section must be completed and signed in the presence of a Notary Public.

Date Parent 1

Parent 2

Address

Sworn to before me this _____ day of _____, _____.
(Day) (Month) (Year)

Notary Public Telephone Number

Please list your preferred doctor, dentist, and hospital:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____

Clifton Park Nursery School

PHOTO RELEASE FORM

By signing this form, I give Clifton Park Nursery School the permission to photograph my child and use his or her picture for the school's website and Facebook page. Clifton Park Nursery School will never publish a child's name with any of its publications.

Child's Name: _____

Parent's Signature: _____

Date: _____