

## Clifton Park Nursery School



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

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

**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, serving on committees, and fundraising. Fun, family-oriented events are held throughout the year.

Each child will have a personalized experience that starts with a home visit to our new families prior to the first day of school. The teacher will meet the children, read them a story, and make them feel welcome right from the start. Our small classes help the teacher to know each child and encourage them personally. Parent-teacher conferences are held during the school year.

During each class session a parent assists the teacher so that there are always two adults present. Class size is limited to 10 children in the 2/3 year old class, 13 children in the 3/4 year old class, and 13 children in the 4 year old class.

Our normal class schedule is:

Mon-Fri *	4 Year Old Class	12:30-3:00pm
Mon/Wed/Fri	3/4 Year Old Class	9:00-11:30am
Tue/Thu	2/3 Year Old Class	9:00-11:30am

\* 4 year olds may choose to come Mon/Wed/Fri afternoons or add Tue and or Thu for a 3, 4, or 5 day afternoon option.

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 518-371-5850.

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

Sincerely,  
Executive Board,

Clifton Park Nursery School

## Clifton Park Nursery School

**Dear Parent:**

Enclosed is the Registration Packet for Clifton Park Nursery School for the 2018-2019 school year. The packet includes the following forms:

<ol style="list-style-type: none"> <li>1. Registration and Emergency Information Form</li> <li>2. Parents' Creed and Contract (2 copies)</li> <li>3. Committee Explanation Sheet</li> <li>4. Committee Preference Information</li> </ol>	<ol style="list-style-type: none"> <li>5. Committee Preference Form</li> <li>6. Health Certificate</li> <li>7. Delegation of Parental Consent</li> <li>8. Photo Release</li> </ol>
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All registration forms must be completed and returned to us along with the fees explained below in order for your application to be considered complete. The only exception is the Health Certificate, which must be returned by August 1. If you decide not to register your child after receiving this Registration Packet, please notify us immediately. These forms must be accompanied by the non-refundable Registration Fee of \$65.00 plus a deposit equal to one month of tuition (which is a pre-payment for May).

Fees are as follows:

2 day classes:		
Tu/Thu 2/3 class	9:00-11:30am	\$65 registration + \$100 deposit + \$40 activity & supply fee = \$205 with forms*
3 day classes:		
Mon/Wed/Fri 3/4	9:00-11:30am	\$65 registration + \$140 deposit + \$55 activity & supply fee = \$260 with forms*
Mon/Wed/Fri 4	12:30-3:00pm	\$65 registration + \$140 deposit + \$55 activity & supply fee = \$260 with forms*
4 day classes:		
Mon/Tue/Wed/Thu 4	12:30-3:00pm	\$65 registration + \$180 deposit + \$55 activity & supply fee = \$300 with forms*
5 day classes:		
Mon-Fri 4	12:30-3:00pm	\$65 registration + \$220 deposit + \$55 activity & supply fee = \$340 with forms*

\*These are the 2018-2019 tuition rates.

The Deposit will be applied to your May 2019 tuition, and will be refunded should your child be withdrawn from school prior to September 1, 2018. It is non-refundable after that time. All checks should be made payable to Clifton Park Nursery School. The September tuition is due by September 1, 2018. **It is important to note that your position will be held only once all fees are paid and all forms (excluding Health Certificate) are filled out completely.**

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:

2/3	Tue/Thu	9:00-11:30am	4	Mon/Wed/Fri	12:30-3:00pm
3/4	Mon/Wed/Fri	9:00-11:30am	4	Tue add on	12:30-300pm
			4	Thu add on	12:30-3:00pm

### 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.
4. To actively serve on a standing committee or the executive committee.
5. To pay monthly tuition as follows by the first of each month. To pay a late fee of \$10 after the first of the month.

2 day classes:		
Tu/Thu 2/3 class	9:00-11:30am	\$65 registration + \$100 deposit + \$40 activity & supply fee = \$205 with forms*
3 day classes:		
Mon/Wed/Fri 3/4	9:00-11:30am	\$65 registration + \$140 deposit + \$55 activity & supply fee = \$260 with forms*
Mon/Wed/Fri 4	12:30-3:00pm	\$65 registration + \$140 deposit + \$55 activity & supply fee = \$260 with forms*
4 day classes:		
Mon/Tue/Wed/Thu 4	12:30-3:00pm	\$65 registration + \$180 deposit + \$55 activity & supply fee = \$300 with forms*
5 day classes:		
Mon-Fri 4	12:30-3:00pm	\$65 registration + \$220 deposit + \$55 activity & supply fee = \$340 with forms*

\*All fees are subject to change. These are the 2018-2019 rates.

6. To provide a healthy, nut free snack.
7. To follow the Constitution and By-laws of Clifton Park Nursery School.
8. To either (check one):
  - a. \_\_\_\_\_ participate fully in all major CPNS fundraisers and the auction.
  - b. \_\_\_\_\_ pay the fundraising opt out fee, in lieu of participating in any fundraising. This is a figure based upon the average yearly fundraising goal divided by the number of families in the school.
9. To attend scheduled meetings as required.
10. To notify the school at least one month prior to leaving the school should the need to withdraw from the school arise.
11. To participate in school elections.

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

\_\_\_\_\_  
Date  
**RETURN THIS COPY**

\_\_\_\_\_  
Parent 1

\_\_\_\_\_  
Parent 2

# 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.
3. To chaperone and provide transportation for field trips, as required.
4. To actively serve on a standing committee or the executive committee. (N/A Nature class)
5. To pay monthly tuition as follows by the first of each month. To pay a late fee of \$10 after the first of the month.

2 day classes:		
Tu/Thu 2/3 class	9:00-11:30am	\$65 registration + \$100 deposit + \$40 activity & supply fee = \$205 with forms*
3 day classes:		
Mon/Wed/Fri 3/4	9:00-11:30am	\$65 registration + \$140 deposit + \$55 activity & supply fee = \$260 with forms*
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Mon-Fri 4	12:30-3:00pm	\$65 registration + \$220 deposit + \$55 activity & supply fee = \$340 with forms*

\*All fees are subject to change. These are the 2018-2019 rates.

6. To provide a healthy, nut free snack.
  7. To follow the Constitution and By-laws of Clifton Park Nursery School.
  8. To either (check one):
    - a. \_\_\_\_\_ participate fully in all major CPNS fundraisers and the auction.
    - b. \_\_\_\_\_ pay the fundraising opt out fee, in lieu of participating in any fundraising. This is a figure based upon the average yearly fundraising goal divided by the number of families in the school.
  9. To attend scheduled meetings as required.
  10. To notify the school at least one month prior to leaving the school should the need to withdraw from the school arise.
  11. To participate in school elections.
- By signing this contract, we agree to all of the above.

\_\_\_\_\_  
 Date  
**KEEP THIS COPY**

\_\_\_\_\_  
 Parent 1

\_\_\_\_\_  
 Parent 2



# Clifton Park Nursery School

## COMMITTEE PREFERENCE INFORMATION

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Parent's Name (1) \_\_\_\_\_

Occupation \_\_\_\_\_  
(former occupation, if not currently employed)

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
(best contact number, home or cell)

Parent's Name (2) \_\_\_\_\_

Occupation \_\_\_\_\_  
(former occupation, if not currently employed)

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
(best contact number, home or cell)

As a cooperative nursery school, we all contribute to the general welfare of our school by serving on a committee. No one person is overburdened with committee responsibilities when each person does his or her share. This spirit of cooperation ensures the smooth operation of our school as an effective learning place for our children. Please answer the following questions for both parents.

In what ways do you hope to support our cooperative?

Have you been involved in this or another cooperative nursery school before? In what capacity?

Would you be interested in chairing any of the committees, and if so, which one?

Would you be interested in serving on the Executive Committee, and if so, which position?

Do you have any typing skills?

Do you have bookkeeping skills?

Do you have other skills/experience you would like to contribute?

Are you a member of a firehouse or other organization that has a hall available to the public? (please specify)



**Clifton Park Nursery School**

**COMMITTEE PREFERENCE FORM**

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Please read through the committee descriptions on the previous pages. Each parent should then indicate their preferences, from 1 (most preferred) to 5 (least preferred) in order of preference. While we cannot guarantee that you will get your first choice, we will endeavor to do our best to accommodate you.

<b>Committee</b>	<b>Parent 1 Name</b> _____	<b>Parent 2 Name</b> _____
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Other Questions (please describe relevant skills or experience):**

Do you have any special handyman skills such as painting, carpentry, plumbing, etc.?

Do you have a connection to the Shenendehowa Pre-School PTA ?

Do you have experience with web design or publicity?

Do you have access to professional or other discounts, and if so, at which stores?

Do you have any legal experience or experience with grant writing?

Do you have a snowplow (truck or jeep-type) capable of clearing our parking area?

**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.

=====
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, or her designee, 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, Facebook page, and press releases or advertising. Clifton Park Nursery School will never publish a child's name with any of its publications.

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

Parent's Signature: \_\_\_\_\_