

Little Pals Preschool, Ltd .

121 Harriman Heights Road
Monroe, NY 10950
845-783-3006; 845-782-9424 (fax)

2024-2025
Before & Afterschool
Program

REGISTRATION & STUDENT INFORMATION – BEFORE & AFTERSCHOOL PROGRAM

Date of birth: _____ Today's date: _____

Child's Name: _____ Sex: _____
First Middle Last

Child's Nickname: _____ Current Age: _____

Child's school in September 2024: _____ Grade in September 2024: _____

(Sapphire, Smith Clove & Pine Tree buses currently come to Little Pal Preschool. Please note - Parents are responsible for arranging bus service with MW Transportation Dept prior to beginning at Little Pals)

Typical Hours: Morning _____
After school _____
(Little Pals hours are 7:30 am - 6:00 pm)

Home Address: _____
Street City Zip

Home Phone or Best #: _____

Email address: 1. _____ 2. _____
We frequently use email to communicate with families. Please print clearly.

Parent 1: _____

Please circle: Mother Father Guardian

Occupation/Employer: _____

Cell Phone: _____

Other phone contact: _____

Address/Home phone if different than child's: _____

Parent 2: _____

Please circle: Mother Father Guardian

Occupation/Employer: _____

Cell Phone: _____

Other phone contact: _____

Address/Home phone if different than child's: _____

BEFORE & AFTERSCHOOL PROGRAM FOR MONROE - WOODBURY STUDENTS

\$10.00 per hour (not prorated)

*\$35 Annual Registration fee must accompany this form

\$35 Registration Fee

Check #:

Date:

Registration forms

Emergency sheet

PARENT AGREEMENT

I am enrolling my child _____ in Little Pals Preschool for the 2024/25 After school Program and by signing below acknowledge and agree to the following:

- The annual registration fee of \$35 accompanies this application. This covers insurance and administrative fees for the 2024-2025 school year. The registration fee is non-refundable.
- I agree to submit all completed student information forms and registration fee before my child attends Little Pals Preschool.
- I understand that *unless there is ample interest, daycare will not be available on Monroe-Woodbury half days. Daycare is not offered on days the MW School District is closed or on snow days.*
- I understand that **before and aftercare is charged at the rate of \$10.00 per hour and is not prorated**
- Sign-in and sign-out sheets are in the front office. **It is the responsibility of the parent/guardian to record the time of drop-off and/or pick-up for all before and aftercare. You will be billed by the hours recorded on the sheet. If no hours are recorded the maximum time (until 6 pm) will be charged.** Daycare hours will be billed bi-weekly & **are due when billed.**
- Little Pals is open from 7:30 am - 6:00 pm. If your child is picked up after 6pm a \$10 charge will be assessed. An additional \$10 will be added for every 15-minute increment thereafter.
- I understand the fee for returned checks is \$30.00. If a 2nd check is returned, all future payments must be made by cash/money order.

By signing below I agree to the above terms. This signed agreement, accompanied by the registration fee, reserves a place for my child for the 2024-25 school year.

Parent Signature: _____

Date: _____

MEDICAL INFORMATION

Does your child have any health problems, physical limitations, developmental delays, or recent hospitalizations that we should be aware of? Yes No If yes, please explain

Is there anything else you would like us to know about your child? (Vision, hearing, eating problems, unusual abilities or disabilities):

How does your child react to fever?

Special instructions if your child becomes ill?

Is your child on any medication regularly? Yes No If Yes, please list below:

Little Pals Illness Policy

We ask that you keep your child home if he/she is ill and/or contagious. Our school does not have the facilities to provide day care for sick children. If your child develops a fever or exhibits other signs of illness, the Secretary or Director will call you (or alternately your emergency contact) and ask that someone come to pick him/her up. Your child will be removed from the classroom, made comfortable, and will be continuously observed by the Secretary or Director until the parent or designated individual arrives.

The following are guidelines to use when deciding to keep your child at home or when they can return to school.

We ask that you please contact the school if your child will be out due to illness.

Fever: Fever-free for at least the following school day (24 hours) before returning to Little Pals

Vomiting: May return to school when vomit free for 24 hours

Diarrhea: Free from diarrhea for 24 hours

Pink-Eye: A child with conjunctivitis/pink eye needs to be on medication for a full 24 hours before returning to Little Pals.

Other: Rashes, heavy coughing, heavy congestion and colds need to be addressed by the family pediatrician. If a child has a persistent cough, it will be assumed that there is an infection present and the child will not be allowed to return to Little Pals until well.

If there is any question that your child may still be contagious, a doctor's note is required. If your child develops a contagious disease at home, we ask that you call the school immediately so that other parents may be notified. **PLEASE NOTE:** On a daily basis, we need to know if you have administered any medications, whether prescribed or over-the-counter. In this situation, please inform your child's teacher.

It is imperative that these procedures be adhered to in order to protect the health of other students and our staff. By signing below I acknowledge that I understand the Illness Policy of Little Pals Preschool as stated above and will abide by the guidelines.

Parent's signature: _____

Date: _____

Does your child receive services such as OT, Speech, etc through Monroe-Woodbury? If yes, please explain.

Does your child have any allergies to food? Yes No .

Any other allergies? Yes No . (medications, environmental, etc.)

My child is allergic to: _____

Symptoms and severity include: _____

My child: can or cannot be at the same snack*/ lunch table with children who are having
_____ as a snack or lunch.

(please fill in)

My child: can or cannot have snacks produced on equipment shared with nuts

Please note: Due to the increased incidents of children with severe allergic reactions to certain foods. We will no longer be providing snacks. Children may eat their own packed food.

Little Pals Preschool, Ltd.

MEDICAL AUTHORIZATION FORM

EMERGENCY AUTHORIZATION

This authorizes Little Pals Preschool, Ltd. to secure medical care for my child in the event of an emergency. I understand that in the event of an accident or illness every effort will be made to notify the parents as soon as possible. In the event that the parents cannot be immediately contacted, Little Pals will use its best efforts to contact the emergency contact(s) listed below.

Signature of Parent / Guardian: _____ Date: _____

IN CASE OF AN EMERGENCY PARENTS WILL BE NOTIFIED FIRST. ALTERNATELY, THOSE LISTED BELOW WILL BE CONTACTED IN THE ORDER GIVEN. PLEASE NOTE: IT IS IMPORTANT THAT EMERGENCY CONTACTS BE LOCAL TO THE AREA.

1. Name : _____ Home Telephone: _____

Relationship: _____ Cell or alternate phone number: _____

2. Name : _____ Home Telephone: _____

Relationship: _____ Cell or alternate phone number: _____

3. Name : _____ Home Telephone: _____

Relationship: _____ Cell or alternate phone number: _____

Emergency Hospital Preference: _____

FIRST AID AUTHORIZATION

I give permission for a Little Pals Preschool staff member to treat my child, _____ for minor bumps or scrapes with any of the following checked below:

- | | |
|--|--|
| <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Benadryl Spray |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Neosporin |
| <input type="checkbox"/> Bactine First Aid Spray | <input type="checkbox"/> Antibacterial wipes |
| <input type="checkbox"/> Ice Packs | <input type="checkbox"/> Adhesive bandages |
| <input type="checkbox"/> Sunscreen | |

Signature of Parent / Guardian: _____ Date: _____

Little Pals Preschool, Ltd.
TRANSPORTATION AUTHORIZATION FORM

Little Pals Transportation Policy: Parents and guardians must submit a copy of their driver's license along with these forms. These will become part of the child's permanent file.

If at any time a child will be picked up from school by someone other than a parent or those listed below, Little Pals will require written notification prior to the start of the school day. Please notify the person picking up your child that we will request that they show a driver's license or picture ID. These procedures are essential for your child's safety. Please contact Little Pals if there are any changes to the information below.

Child's Name: _____

Copy of Driver's License attached: Parent 1
 Parent 2
 Guardian

During the school year, if I am unable to pick up my child at dismissal time, the following person/persons listed below are authorized to do so:

Name: _____ Relationship to child _____

Telephone # : _____ (home)
_____ (cell)

Name: _____ Relationship to child _____

Telephone # : _____ (home)
_____ (cell)

Name: _____ Relationship to child _____

Telephone # : _____ (home)
_____ (cell)

Name: _____ Relationship to child _____

Telephone # : _____ (home)
_____ (cell)

PERMISSIONS / AUTHORIZATIONS

MEDIA/PHOTO RELEASE: There may be times we take children's pictures and use them in the school environment. There are room displays, our website and our public Facebook page. We love to display pictures and sometimes picture taking may occur afterschool in mixed groups (for example on the playground).

Please indicate below your preferences for use of photos of your child that may be taken at Little Pals. With your permission, our school Facebook administrator only, will post student pictures for the enjoyment of all our families. Note that parent's posts to our Facebook page must be approved by our administrator.

Please complete either A or B below, and sign and date

A: I give permission for Little Pals Preschool to take photographs and/or digital images of my child for use as checked below. My child's name and identity will not be revealed in descriptive text or commentary in connection with the images. I authorize the use of these images without compensation to me. Pictures of my child can be used:

- On our public Facebook page
- On our website (littlepalspreschool.com)

- or -

B. **I DO NOT** give permission to Little Pals Preschool to use photographs or digital images of my child in the school or on the Little Pals Preschool Facebook page.

Parent/Guardian's signature: _____ Date: _____

WALKS: Weather permitting, we take the children for supervised walks on the Little Pal's property that runs alongside and behind the school property. We try to take the children on walks during seasonal activities (i.e. autumn leaf search, spring observations, etc.) and when they cannot use our playground due to weather.

I give permission for my child to join the class on supervised walks.

Parent/Guardian's signature: _____ Date: _____
