



★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★
Precious Moments
Day Care Center, Inc.
★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

11-02 Clintonville Street • Whitestone, NY 11357
(718) 767-6655 • PreciousMoments2@verizon.net

61-30 Grand Avenuet • Maspeth, NY 11378
(718) 416-1624 • PreciousMomentsMaspeth@verizon.net

www.PreciousMomentsNursery.com

Dear Parent or Guardian:

Our Nursery School Program is for children between 3 and 5 years of age.

There is a \$200, non-refundable annual registration fee, required at the time of application.

Please print, complete, and sign the forms included, then submit a FULL package to our Whitestone facility. If you have any questions or concerns, please feel free to give us a call at 718.767.6655.

Sincerely,
Annette Vallone-Rocchio
Owner, Precious Moments

Nursery School Program Application Requirements

- Registration Information Form (included in this package)
- Emergency Contact Information Form (included in this package)
- Child and Adolescent Health Examination Form – must be completed annually (included in this package)
- Hospital Release Form - must be notarized (included in this package)
- General Permission Form (included in this package)
- Photo Consent Form (included in this package)
- A copy of all legal documents pertaining to your child in any way, such as custody information
- A current photograph of yourself, as well as family or friends that you authorize to pick up your child.
For your child's protection, we will not allow your child to leave with a person whose photograph is not on file at the main office or if we have not received a phone call from a parent or guardian identifying the new person.



EMERGENCY CONTACT INFORMATION

<i>Child's Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Date of Birth</i>	<i>ID#</i>	<i>Sex</i>
<i>Parent/Guardian #1 (child resides with)</i>	<i>Written Language Preference</i>	<i>Spoken Language Preference</i>
<i>Home Phone</i>	<i>Cell</i>	<i>Work</i>
<i>Personal Email</i>	<i>Business Email</i>	
<i>Street Address, Apt.#</i>	<i>City, State</i>	<i>Zip</i>
<i>Parent/Guardian #1 (Child resides with)</i>	<i>Written Language Preference</i>	<i>Spoken Language Preference</i>
<i>Home Phone</i>	<i>Cell</i>	<i>Work</i>
<i>Personal Email</i>	<i>Business Email</i>	
<i>Street Address, Apt.#</i>	<i>City, State</i>	<i>Zip</i>

ALTERNATIVE EMERGENCY CONTACTS

List below names of three (3) persons who may be called in case of emergency or if child is sick in school.
CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON FORM.

<i>Full Name</i>	<i>Home + Mobile Phone</i>	<i>Relationship</i>
<i>Full Name</i>	<i>Home + Mobile Phone</i>	<i>Relationship</i>
<i>Full Name</i>	<i>Home + Mobile Phone</i>	<i>Relationship</i>

If there is a person who may NOT HAVE ACCESS to your child, please indicate:

<i>Full Name</i>	<i>Relationship</i>	<i>Does an Order of Protection Exist?</i>
------------------	---------------------	---

Principal must be notified in writing of any changes to the info on this form.

Parent/Guardian Signature

<i>Grade</i>	<i>Class</i>	<i>Room</i>	<i>Teacher</i>		
--------------	--------------	-------------	----------------	--	--



HEALTH INFORMATION – Student:

Name of Physician/Clinic

Telephone

HEALTH ALERTS

Does your child have any condition(s) that may affect their participation in physical activities? Yes No

Please list limitations (e.g. stair climbing, participation in gym):

Allergies

504 services for the year? Yes No 504 services for last year? Yes No

INSURANCE COVERAGE

Private health insurance? Yes No Medicaid Yes No No health insurance? Yes No

If you do not have health insurance, are you willing to share your contact information to learn about insurance options? Yes No

If none of the listed emergency contacts can be reach, what do you wish the school to do if you child is sick or injured?

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible

SIBLINGS

Last Name First Name Current School

Last Name First Name Current School

Last Name First Name Current School

Last Name First Name Current School

FOR SCHOOL USE – Relevant records from health record:

Date Contact Reason Disposition

Date Contact Reason Disposition

Date Contact Reason Disposition



★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★
Precious Moments
Day Care Center, Inc.
 ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

11-02 Clintonville Street • Whitestone, NY 11357 • (718) 767-6655
 61-30 Grand Avenue • Maspeth, NY 11378 • (718) 416-1624
www.PreciousMomentsNursery.com

Hospital Release

Child's full legal name *Date*

Child's preferred name *Birthdate* *Sex*

Name of family physician *Telephone*

Name of family dentist *Telephone*

Allergies of child *Date of last DPT or tetanus shot*

Has child had: Surgery _____ Accidents _____ Serious Illness _____
 Burns _____ Other _____

List identifying scars, birthmarks, skin discolorations:

Health Insurance Company *Policy #*

Automobile Insurance Company *Policy #*

I hereby give my consent to any hospital and/or licensed physician to administer necessary treatment to the above named child in the event of an emergency at which time (it is imperative/I cannot be reached). I give my consent for my child to be transported by ambulance if the situation warrants.

Parent/Guardian Signature

NOTARIZATION REQUIRED

Witness my hand and official seal, this _____ day of _____, _____.

My commission expires _____.

Notary



★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★
Precious Moments
Day Care Center, Inc.
★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

11-02 Clintonville Street • Whitestone, NY 11357 • (718) 767-6655
61-30 Grand Avenue • Maspeth, NY 11378 • (718) 416-1624
www.PreciousMomentsNursery.com

General Permission

This is a general permission slip that will be used for the entire school year for which my child is enrolled, beginning on _____.

If I choose to decline, I understand that my child will stay in school under the supervision of another adult until his/her class returns from its nature walk or trip.

To the Director and the Staff of Precious Moments Day Care Center, Inc. :

I, _____, hereby give my permission to allow my child, _____, to be taken out of Precious Moments Day Care Center, Inc. to visit a nearby park or on nature walks.

I understand fully that my child will always be under adult supervision.

I also agree that I will not hold Precious Moments Day Care Center, Inc. liable for any injuries sustained outside the school.

Parents Signature

Date



Authorized Escorts List Form

The New York City Health Code requires child care centers to obtain and maintain, for every child, a list of all persons authorized by the parent/ guardian to escort the child from child care. The child care center shall not release any child to any individual who has not been identified by the parent/ guardian as a person who is authorized to escort a child out of the center.

Instructions: The parent/ guardian must complete, sign, and return this form to the child care center upon enrollment and update this form immediately when there is any change in authorized escort information.

I, _____, authorize this child care center to release my child,
(parent/ guardian name)
_____, to the individuals I have identified below.
(child name)

Name:			
Relationship to child:			
Home address:			
Preferred contact:	<input type="checkbox"/> Mobile/Cell Telephone	<input type="checkbox"/> Home Telephone	<input type="checkbox"/> Work Telephone
	<input type="checkbox"/> Text (Mobile)	<input type="checkbox"/> E-mail	
Telephone:	Mobile/Cell:		
	Home:	Work:	
E-mail:			

Name:			
Relationship to child:			
Home address:			
Preferred contact:	<input type="checkbox"/> Mobile/Cell Telephone	<input type="checkbox"/> Home Telephone	<input type="checkbox"/> Work Telephone
	<input type="checkbox"/> Text (Mobile)	<input type="checkbox"/> E-mail	
Telephone:	Mobile/Cell:		
	Home:	Work:	
E-mail:			

Parent/ Guardian Signature: _____

Date: _____

In accordance with the requirements of the New York City Health Code, Article 47, Section 47.57(h)(1) child care centers must obtain and maintain for every child a list of the name, relationship to child, address and contact information of every person the parent has authorized to escort a child from the child care service. The permittee shall not release any child to any individual who has not been identified by the parent(s)/guardian(s) as a person who is authorized to escort a child out of the service.