

# Ossining Children's Center

Today's date: \_\_\_\_\_

Requested start date: \_\_\_\_\_

## Pre-Application for Infants & Toddlers

Special Disabilities, Allergies, or Other Concerns: \_\_\_\_\_  
\_\_\_\_\_

**THIS PRE-APPLICATION MUST BE ACCOMPANIED BY YOUR CHILD'S BIRTH CERTIFICATE  
AND Non-refundable application fee: \$25**

Date fee paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Child's Name \_\_\_\_\_ Circle: Male / Female Age \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_ Expected birth date \_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_ Telephone: (H) \_\_\_\_\_

Father's Address \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_

Email address: \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Present Position \_\_\_\_\_

Mother's Name \_\_\_\_\_ Telephone: (H) \_\_\_\_\_

Mother's Address \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_

Email address: \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Present Position \_\_\_\_\_

Limitations on Visitation Rights \_\_\_\_\_

DSS Case Number \_\_\_\_\_

DSS Case Worker \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

Please list all household members **not** described above:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Employed</u>	<u>School</u>	<u>Grade</u>

**Medical:**

Does your child have any special disabilities, allergies, or other medical alerts we should know about? (Please make sure to also write answer at the top of page 1)

\_\_\_\_\_

Pediatrician \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Last physical examination on (Date) \_\_\_\_\_

Summary \_\_\_\_\_  
\_\_\_\_\_

Growth Rate: Normal \_\_\_\_\_ Slow \_\_\_\_\_ Rapid \_\_\_\_\_

Has your child had:

Spasms _____	Frequent colds _____
Convulsions _____	Nosebleeds _____
Injuries _____	Speech difficulties _____
Surgery _____	Dental Problems _____

Any unusual experiences regarding health? \_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission to the Ossining Children’s Center to seek EMERGENCY MEDICAL TREATMENT for my child in case I am unavailable when such treatment is required. I will bear all medical expenses for this treatment.

\_\_\_\_\_  
Signature Date

In case of an emergency, the following people (more, if possible, use the back) can be called and are authorized to pick up my child:

Name	Relationship to child	Home #:	Cell#:	Work#:
1: _____				
2: _____				
3: _____				
4: _____				
5: _____				
6: _____				

\_\_\_\_\_  
Signature Date

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

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Permissions

1: I assume responsibility for my child from the time he/she leaves home until arrival at the center and from the time he/she leaves the center at the end of the day.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Days in Care:

Monday

Tuesday

Wednesday

Thursday

Friday

Infant – Pre-school: 7am – 5:55 p.m.

School Age (K-7): 7am – 9am; 3pm – 5:55 p.m.

2: \_\_\_\_\_ will pick up my child from the Center approximately \_\_\_\_\_ each day. I hereby agree to notify the Center's main office each time any other person will pick up my child from the Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3: I hereby give permission for my child to go on educational trips under the jurisdiction of the Ossining Children's Center with ample and mature supervision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4: I hereby give my permission for my child to appear in photographs taken by the Center and to allow any pictures of my child to be released for publications, electronic or print, for the purpose of fundraising or public relations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5: I hereby give my permission for my child to be seen by the OCC psycho-educational consultant for initial and follow-up assessment screenings.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Policy Statement

The Ossining Children's Center is open to all children regardless of race, creed or ethnic origin.

For a child to be admitted to the Center, the parent/guardian(s) must complete and sign the forms presented by the Center, including:

- A: Application for Enrollment
- B: Permission Forms
- C: Policy Statement
- D: Health Form (completed by a physician) required annually
- E. Birth certificate

### **Income Verification**

- If applicable, income verification is required twice a year, in September and March.

### **Tuition**

- Tuition fees are due by Friday for each forthcoming week. Fees are based on a sliding scale and are adjusted whenever there is a change in income. Fee increases for parents who fail to provide income verification are retroactive to the last verification date. Fee decreases are not retroactive.
- Parents are responsible for the entire tuition even if the child is absent. However, if a child is absent for the entire week, the fee will be half of the regular weekly fee.
- Part-time school-age students' tuition will be charged at the full day tuition rate for full weeks (i.e. school vacation weeks).
- Parents who are eligible for government funding but who refuse to accept funding or who fail to submit the required documents in an accurate and timely manner will be required to pay a fee equal to the amount of the funding they refuse.
- If a parent falls two weeks behind in payment of tuition fees, the child will not be allowed to attend the Ossining Children's Center until such time as payments are brought up-to-date.
- Credit balances will be refunded upon termination of your child's enrollment from our program.

### **Past Due Accounts**

- Past due accounts of children who have left the Center with an outstanding balance will be transferred to an attorney and the cost of collection will be added to the overdue account.

### **Hours**

- The hours of the Ossining Children's Center are from 7:00a.m. to 5:55p.m.
- Arrival should be between 7:00a.m. and 10:00a.m.
  - PLEASE NOTE: UPK class only **and** Summer hours – arrival time by 9:00 a.m.
- PARENTS ARE EXPECTED TO BRING THEIR CHILD DIRECTLY INTO THE CLASSROOM TO THE TEACHER UPON ARRIVAL AND TO COME INTO THE CLASSROOM WHEN THE CHILD PICKED UP. CHILDREN MUST BE SIGNED IN AND OUT ON THE CLIPBOARD IN THE CLASSROOM. PARENTS ARE TO SIGN THEIR FULL NAME ON THE ATTENDANCE SHEET.

**I have read the above statements and will abide by the policies of the Ossining Children's Center**

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Parent/Guardian Signature

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Date

- The Center closes promptly at 5:55p.m. each day. If a child is not picked up by 6:00p.m. a late fee of \$10.00 for every 15 minutes or part thereof will be charged. The parent will be asked to record in the late fees book the time arrival, the child's name and the parent's signature. The fee will be due with regular tuition fees.
- Parents who arrive late consistently (more than four times in six months) will be requested to find childcare which better suits their individual needs.
- If a child is not picked up by 7:00 p.m. and a call has not been received from the parents, or the Center has been unable to contact any of the family's designated emergency numbers, the child will be taken to the Ossining Police Station.

### **Food**

- All Center menus, consisting of breakfast, lunch and snack each full day, are approved by a nutritionist.
- With the exception of infant formula, the Center will provide each full-time child with at least two-thirds of his daily food requirement. Children attending a part-time program without lunch will receive at least one nutritious snack. Other part-time children will receive snack and lunch.
- Menus will be dates and posted on the bulletin board in the entrance hall.

### **Health**

- The Center has arranged for group accident insurance coverage for all children for accidents occurring while children are under the Center's care.
- Children are required to have a physical examination once a year as pre-schoolers and once every two years as school-agers. Children will not be admitted to the Center without an up-to-date medical examination and a health form on file.
- The children are given a routine health check every day upon arrival. Any child who shows symptoms of infection will have to be returned home.

#### **Exclusion Guidelines**

- The following symptoms could represent communicable disease and are reasons for excluding children:
  - Diarrhea: two or more loose stools (with increased stool water and/or decreased form) or if stools contain blood or mucous.
  - Vomiting: two or more times in previous twenty-four hours unless physician determines vomiting is not due to communicable condition and child is not in danger of dehydration.
  - Fever: 101°F or higher.

Any child with these symptoms should remain at home for 24 hours after the symptoms are gone.

### **Medication**

- The Center may not administer any medication or special diet without written instructions from a physician.
- **Personal Belongings**
  - The Ossining Children's Center cannot be held responsible for lost items. Please label **all** of your child's belongings with his or her name: clothing, blankets, naptime stuffed animals, etc.

### **Conferences**

- Conferences are scheduled with teachers in February and June. Parents may request a teacher conference at any time.

### **Termination**

- The Center reserves the right to terminate a child from the Center if it is determined that our program does not meet the needs of the child.

**I have read the above statements and will abide by the policies of the Ossining Children's Center.**

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Parent/Guardian Signature

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Date