



# OSSINING CHILDREN'S CENTER

*Where Children Learn to Love Learning*

## **APPLICATION FOR UPK - SCHOOL-AGE**

SPECIAL DISABILITIES (PHYSICAL, LEARNING, SPEECH, ETC.), ALLERGIES OR OTHER PROBLEMS:

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**THIS APPLICATION MUST BE ACCOMPANIED BY YOUR CHILD'S BIRTH CERTIFICATE**

### **APPLICATION FOR ENROLLMENT**

**DEPOSITS ARE NONREFUNDABLE:** Deposit amount paid \_\_\_\_\_ Date received \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date \$25.00 Non- Refundable Application Fee Paid: \_\_\_\_\_  
Requested Starting Date: \_\_\_\_\_ CHECK/CASH RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_

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

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

Child's Address: \_\_\_\_\_

Guardian #1 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Present Position: \_\_\_\_\_

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

Work #: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Present Position: \_\_\_\_\_

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

Work #: \_\_\_\_\_

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

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

DSS Caseworker: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Please list all household members not described above:

Name	Relationship	Age	Health	Employed	Home	School	Grade
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How did you learn about the Ossining Children's Center? \_\_\_\_\_

## BACKGROUND/ SOCIAL & EMOTIONAL INFORMATION

1. Has your family moved a great deal? \_\_\_\_\_ How long have you lived at your present address? \_\_\_\_\_
2. What language(s) are spoken in your home? \_\_\_\_\_ Which language is your child most comfortable with? \_\_\_\_\_
3. Does your child know about his/her potential enrollment here at the Center? \_\_\_\_\_
4. What arrangements have been made for your child previously? \_\_\_\_\_

If babysitter, day care or nursery: where? \_\_\_\_\_ how long? \_\_\_\_\_

How did your child react to the experience? \_\_\_\_\_

Were the other children in his/her age range at this setting? \_\_\_\_\_

5. How does your child act when you have to leave him/her? \_\_\_\_\_

What do you find is best to say or do at those times? \_\_\_\_\_

6. Most young children have certain fears. Does your child fear such things as the dark, storms, water, big animals...? \_\_\_\_\_
7. What are your child's favorite activities? \_\_\_\_\_  
How long will he/she stay with them? \_\_\_\_\_
8. Is your child ever...  
Very Aggressive? \_\_\_\_\_ Withdrawn? \_\_\_\_\_ Overactive? \_\_\_\_\_ Other? \_\_\_\_\_
9. If there is a behavior problem, how is it normally handled? \_\_\_\_\_
10. Describe your child's personality: \_\_\_\_\_



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## CHILD'S DEVELOPMENT:

1. Describe your child's eating habits? \_\_\_\_\_  
Any food limitation or preferences? \_\_\_\_\_
2. Was your child's birth normal? \_\_\_\_\_ Any problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. At what age did your child:  
Walk? \_\_\_\_\_ Talk? \_\_\_\_\_ Toilet Trained? \_\_\_\_\_  
Does your child have any special routines or words about toileting? \_\_\_\_\_  
\_\_\_\_\_
4. Describe your child's sleeping habits? \_\_\_\_\_  
\_\_\_\_\_ Nap? \_\_\_\_\_
5. Has your child been identified by a professional as having any type of learning disabilities or other developmental delay? \_\_\_\_\_  
\_\_\_\_\_

## MEDICAL:

DOES YOUR CHILD HAVE ANY SPECIAL DISABILITIES, ALLERGIES, OR OTHER MEDICAL PROBLEMS WE SHOULD KNOW ABOUT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_



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## **ENROLLMENT STATEMENT**

\_\_\_\_\_, age \_\_\_\_\_ is enrolled at the Ossining Children's Center, 32 State Street, Ossining, New York 10562, commencing on \_\_\_\_\_

Signatures: \_\_\_\_\_  
Parent/ Guardian Date

\_\_\_\_\_  
Children withdrawn from enrollment on \_\_\_\_\_.  
Date

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures: \_\_\_\_\_  
Parent/ Guardian Date



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Child's Name \_\_\_\_\_ Telephone number \_\_\_\_\_

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

1. 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  
Pediatrician: \_\_\_\_\_

2. In case of emergency, the following three persons (more, if possible) will be called and are authorized to pick up my child:

Name	Address	Telephone
Name	Relationship To Child	Address (7AM-6PM)
		Telephone (CELL/ WORK)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

\_\_\_\_\_  
Signature(s) Date

3. 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(s) Date

4. \_\_\_\_\_ will pick up my child from the Center at approximately \_\_\_\_\_ each day. I hereby agree to notify the Center office each time any other person will pick up my child from the Center.

\_\_\_\_\_  
Signature(s) Date

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

\_\_\_\_\_  
Signature(s) Date

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

\_\_\_\_\_  
Signature(s) Date

7. 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(s) Date



# OSSINING CHILDREN'S CENTER

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## Income Statement

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

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

Number of Family/Household Members \_\_\_\_\_

Number of Children in day Care:

Full time: \_\_\_\_\_

Part time: \_\_\_\_\_

**Total:** \_\_\_\_\_

One (1) month's payroll stubs for all income sources submitted \_\_\_\_\_

- For example: If you get paid once a week, you must submit four (4) paystubs.

Gross Income Source(s):	Amount/How Often:
Salary (Guardian #1)	
Salary (Guardian #2)	
Support Payments	
Social Security	
DSS/ADC	
Alimony	
Other (Specify _____):	

**Total:** \_\_\_\_\_

Falsification of the above information shall result in the termination of your child's participation in our program. Four payroll stubs for each wage earner in the household **must** accompany this form.

The office is to be notified immediately if there is any change in gross income. **Income verification may be required twice yearly.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# OSSINING CHILDREN'S CENTER

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## **FEE SCHEDULE**

(For Office Use Only)

Child(ren) name(s): \_\_\_\_\_

Program	First Child		Second Child		Third Child	
A) Infants – Young 3’s	_____		_____		_____	
B) Pre-School – UPK	_____		_____		_____	
C) School-Age (K-7)	_____PT	_____FT	_____PT	_____FT	_____PT	_____FT
D) Bus & Breakfast	_____PT	_____FT	_____PT	_____FT	_____PT	_____FT
E) Summer Camp	_____		_____		_____	
Total Monthly Family Fee:			_____PT		_____FT	

I hereby agree to pay \$ \_\_\_\_\_ F/T and/or \$ \_\_\_\_\_ P/T monthly to the Ossining Children's Center for the care of my child(ren):

\_\_\_\_\_ beginning on \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# OSSINING CHILDREN'S CENTER

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## 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: Income statement and Fee schedule
- D: CACFP Form
- E: Title XX Form (when applicable)
- F: Policy Statement
- G: Health Form (completed by a physician) required annually

## **Income Verification**

- Income verification may be required twice a year for all parents whose children attend the Center.

## **Tuition**

- Accounts will be billed monthly on or around the third Friday of the month for the upcoming month. Payment in full must be received by the 15<sup>th</sup> of the month that the bill is for, or your child's enrollment may be jeopardized.
- Fees may be 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.
- 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.
- CHILDREN MUST BE SIGNED IN AND OUT ON THE CLIPBOARD. PARENTS ARE TO SIGN THEIR FULL NAME ON THE ATTENDANCE SHEET.
- If students are being dropped off or picked up from school, parents are responsible to notify the teacher and main office. A fee will be charged when the Center is not notified.
- 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 7:00p.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.





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## 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 dated 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. All parents are required to pay the insurance fee with the first week's tuition and each September thereafter.
- Children are required to have physical examinations once a year as preschoolers 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 check every day upon arrival. Any child who shows symptoms of infection will have to be returned home.

### Exclusion Guidelines

- The following symptoms, but not limited to, 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.
  - Rash: any unexplained rash must be diagnosed by a physician. A doctor's note is required stating that your child is not contagious and is able to return to daycare.
  - Conjunctivitis: child may return to the Center 24 hours after medication has begun and a doctor's note is required stating that the child is not contagious.
  - 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: 100.4°F or higher.

Any child with these symptoms should remain at home for 24 hours after the symptoms are gone. **Please note: all Exclusion Guidelines are subject change/update in accordance with our Health Consultant.**

## 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.

**I have read the above statements and will abide by the policies of the OSSINING CHILDREN'S CENTER.**

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Parent/Guardian

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Date



# OSSINING CHILDREN'S CENTER

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## 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 for a child.

## COMMUNICATION

- In order to provide the best possible care for your child, we require permission to communicate with his/her school.

## SAMPLE DAILY SCHEDULE (UPK)

7:00 - 8:00	Arrival/ Early Breakfast/ Free Play
8:00 - 9:00	Breakfast
9:00 - 10:00	Group Meeting
10:00 - 11:00	Work Sessions
11:00 - 11:30	Outdoor Free Play
11:30 - 12:30	Lunch
12:30 - 2:30	Nap
2:30 - 3:00	Snack
3:00 - 5:00	Outdoor Free Play
5:00 - 6:00	Quiet Activity

**I have read the above statements and will abide by the policies of the OSSINING CHILDREN'S CENTER.**

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Parent/Guardian

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Date