Tots 2 Teens

27 Kennedy Drive Spring Valley, NY 10977

845-363-8237

Enrollment Application

Center _____ Program _____

REGISTRATION FEE IS NON-REFUNDABLE

Entrance Date_____ Weekly Fee _____ Withdrawal Date_____

Child's Name_____Date of Birth_____

_____Date of Birth_____

_____Date of Birth_____

Home Address (Street) _____

City_____ State_____ Zip _____

Home Phone Number _____ Email Address_____

Mother's Name_____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City_____ State_____ Zip_____ Cell Phone # _____

Mother's Place of Employment _____Work Phone # _____

Employer's Street Address_____ City_____ State_____ Zip_____

Father's Name_____ Home Phone Number_____

Father's Home Address (if different from child's) Street _____

City_____ State _____Zip _____ Cell Phone #_____

Father's Place of Employment_____ Work Phone #_____

Employer's Street Address_____ City_____ State_____ Zip_____

What hours/days will your child/children will be attending

Mon.Tues.Wed.Thurs.Fri. Arrive Time:_____Departure Time_____

PICK UP LIST

The child may be released to the person(s) signing this agreement or to the following:

*Name_____ ASSOCIATION_____

*Name _____ ASSOCIATION_____

*Name _____ ASSOCIATION_____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name_____ Address_____

Telephone Number_____ Cell #_____

Name _____Address_____

Telephone Number_____ Cell#_____

Parent Consent

I _____ parent/ guardian do hereby grant

permission for _____ participate in any media

activities hosted by Tots 2 Teens, LLC program and any other activities that include photos. This includes

trips to facilities, organizations being photographed by media.

Parent Signature_____

Date_____

TOTS 2 TEENS

NOTARIZED MEDICAL EMERGENCY FORM

EMERGENCY PLAN FOR:

I HEREBY GIVE TOT 2 TEENS PERMISSION TO CARE FOR MY CHILD

If my child requires emergency treatment I wish to be contacted at the following

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If my child requires medical care, I should be contacted Immediately. If I cannot be reached, I hereby give Tots 2 Teens permission to call my child's Doctor.

Physician' Name: _____

Address: _____

Phone Number: _____

If the Doctor is not available, my child should be taken to the nearest hospital emergency room for treatment.

The care giver Tots 2 Teens may act on my behalf and seek appropriate medical care or take my child to the nearest hospital in case of accident or illness requiring immediate attention, especially If I can not be reached and/or when delay would be dangerous. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns (such as diabetic, asthma, drug allergies, etc.):

Parent/Guardian: _____ Date: _____

Notary Public: _____ Date: _____

Tots 2 Teens, LLC.

FIELD TRIP CONSENT AND TRANSPORTATION

AGREEMENT

I _____ parent/ guardian do hereby give Permission for

_____ to go on general trips during Tots @ Teens program hours.

Notification for all trips will be posted in advance. I also will be notified in writing / posted how my child/

children will be transported to and from a trip.

Parent / Guardian Signature _____

Date: _____

Parental Agreement with Tots 2 Teens

1. Tots 2 Teens agrees to provide early childhood education for my child, Monday

through Friday, 8:00 a.m. to 6:00 p.m. from January to December.

2. My child will participate in the following meal plan: Breakfast, Lunch and Afternoon Snack

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person

authorized by parent (s), or facility personnel.

4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as

they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

6. Tots 2 Teens has authorization from me for my child to

participates in routine transportation, field trips, special activities away from the facility, and water-related

activities occurring in water that is more than two (2) feet deep.

7. Should my child suffer an injury or become ill while in the care of Tots 2 Teens, and the

facility is unable contact me immediately, it shall be authorized to obtain emergency medical care for my child

as may be necessary.

8. My child who should turn three (3) years of age during the regular school may remain grouped with other

two (2) year old for the school year.

9. I understand the above and agree to abide by the policies and procedures of Tots 2 Teens, LLC.

I understand that the facility will advise me of my child’s progress and issues relating to my child’s care as well

as any individual practices concerning my child’s special needs. I also understand that my participation is

encouraged in facility activities.

(Certification: I certify that this information is true. If any part is false, my participation in this Agency’s program may be

subject to termination. I also understand that the information in this application will be held in strict confidence within

the Agency and is accessible to me during normal business hours.)

Signed: X_____ Date: _____