



Dear Parent,

The following forms, *plus* the DSS Medical Statement, *and* the last page of the Parent Handbook, constitute The Seed's enrollment package.

To reserve a place for your child in our program, please mail, or bring in person:

- the administrative fee
- the deposit
- all the completed enrollment forms

Once we receive the above items, we will send you a confirmation letter and payment receipts.

Should you have any questions about the forms or any other matter concerning attendance at The Seed, please feel free to call or email.

We look forward to hearing from you.

This package is intended for children who have taken the tour and have already been accepted into our program.

If you are interested in enrolling your child but have not yet visited, please feel free to call or write to schedule an appointment.

Administrative Director

Paulette Sink

Educational Director

Madeline Barry



ADMISSION POLICIES

The Seed Day Care Center is open to all children regardless of race, creed, or ethnic origin. The information you provide in these forms is kept strictly confidential and is used only by authorized personnel.

The following forms must be filled out, signed, and submitted before a child may be officially enrolled at The Seed:

1. Last page of Parent Handbook (This must be printed out from the Virtual Office on The Seed's website at www.TheSeedDayCare.com .)
2. Tuition contract (included here)
3. Emergency information (included here)
4. Preadmission History (included here)
5. Getting to Know You (included here)
6. Picture Consent (included here)
7. Potassium Iodide Non Participation form
8. Medical Report of Child in Day Care (This may be printed out from the Virtual Office of The Seed's website at www.TheSeedDayCare.com .) A printout from the pediatrician's office in lieu of the Medical Report form is acceptable if it contains:
 - a. Date of child's last physical
 - b. Immunization record
 - c. Authorized signature

The policies of The Seed Day Care Center are in the Parent Handbook. It is expected that, before you enroll your child, and during the time of your child's enrollment at The Seed, you will be familiar with and abide by those policies.

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- A. I assume full responsibility for my child en route to and from The Seed Day Care Center, which includes to and from the classroom.
 - B. I agree to pay a \$60.00 annual non-refundable administrative fee, and
 - C. I agree to pre-pay one month's non-refundable tuition to The Seed upon enrollment of my child at The Seed.
 - D. I understand tuition is due by the first day of each month. A late fee will be charged for tuition that is not paid on time.
 - E. I understand that The Seed reserves the right to raise the tuition at any time.

Full name of child enrolled: _____

Parent or Guardian's signature: _____ Today's date: _____

Relationship to the child: _____



MONTHLY TUITION SCHEDULE

Effective July 1, 2011

Tuition is a flat rate and covers the hours from
7:30 a.m. to 6:00 p.m.

Please check one	<input type="checkbox"/> 5-day program \$1,242.00 per month <input type="checkbox"/> 4-day program \$1,025.00 per month* <input type="checkbox"/> 3-day program \$ 819.00 per month**
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**Preferred 3-day schedule <i>(Please circle one choice)</i>			*Preferred 4-day schedule <i>(Please circle one choice)</i>	
M T W	M W F	T Th F	Monday off	Tuesday off
M Th F	M T Th	T W F	Wednesday off	Thursday off
W Th F			Friday off	

I understand and agree:

1. that tuition is due by the first day of each month and that by signing this form I am making myself liable for timely payments.
2. that non-payment of tuition is grounds for disenrollment.
3. that the second time a check bounces The Seed will no longer accept personal checks from me for tuition payment. I understand I will have to pay either in cash, by certified check, bank check, or money order.
4. that when I pay tuition in cash I am responsible for requesting a receipt at the time of payment. I understand that this will be my proof of payment.
5. that if any dispute arises over payments made, I have to present either cashed checks or The Seed receipts as proof of payment.
6. to pay an annual \$60.00 nonrefundable administrative fee.
7. to pay a one-month deposit upon enrollment . This deposit will apply toward the last month my child attends The Seed.
8. that tuition is for enrollment not attendance, and that tuition is payable in case of absence for all or part of the month, including holidays, and that the weeks of break have already been pro-rated into the monthly rates.
9. that if I choose to withdraw my child from The Seed Day Care Center, one month's notice is required. I understand that my child may continue attending after notice has been given, and that my deposit will be applied for that month, whether or not my child attends.
10. that The Seed Day Care Center closes for winter break, spring break, and summer break, and that The Seed has already discounted and pro-rated the regular tuition for the days my child will not be attending during that week, exclusive of school holidays.

Full name of child enrolled: _____ Start date: _____

Parent or Guardian's signature: _____

Relationship to the child: _____ Today's date: _____

EMERGENCY INFORMATION



Child's full name _____ Birth date: _____

Child resides with: _____ Child's gender: _____

** If the neither the mother nor the father is the child's legal guardian, please cross out "Mother's full name" / "Father's full name" and write your relationship to the child and your legal relationship to the child.*

* Mother's full name: _____ Age: _____

Mother's address: _____

Home phone _____ Work phone: _____

Cell phone: _____ Email: _____

Employer: _____ Occupation: _____

Work address: _____

* Father's full name: _____ Age: _____

Father's address: _____

Home phone _____ Work phone: _____

Cell phone: _____ Email: _____

Employer: _____ Occupation: _____

Work address: _____

Optional: Persons (other than parents) authorized to pick up your child

(These persons will be listed in the security entrance)

Name _____ Relationship to the child _____

Name _____ Relationship to the child _____

Name _____ Relationship to the child _____

Required: Two persons (other than parents) we can call in case of emergency

Name _____ Phone number: _____

Name _____ Phone number: _____



PREAMMISSION HISTORY

Child's name: _____

Child's rank in family: First: _____ Second: _____ Third: _____ Other: (*state which*) _____

Number of children in family: _____

How many weeks' gestation? _____

Did your child receive early intervention? _____ If so, what services did he or she receive?

Is your child currently receiving any services? _____ If so, what services is he or she currently receiving? _____

Please list any serious or severe illnesses or accidents: _____

Please list any allergies your child has: _____

Are any of these allergies life threatening? _____ Which? _____

Does your child have any food restrictions? _____

Which food restrictions are due to allergies and which to preference? _____

Please list any other restricting conditions the staff should be aware of: _____

Your evaluation of your child's health: _____

Your evaluation of your child's personality: _____



PREADMISSION HISTORY

(continued)

Do you or your child know children who currently attend or previously attended The Seed?
(please name them) _____

How did you find out about The Seed? _____

Please list all child care centers, nursery schools, family day care homes and/or playgroups your child has attended, with approximate dates of attendance:

1. _____
2. _____
3. _____
4. _____

I give The Seed Day Care Center permission to contact the centers and/or individuals listed above to release records and give pertinent information regarding my child's development.

Parent or Guardian's signature: _____ Today's date: _____

School district in which child resides: _____



I give permission for The Seed Day Care Center staff to seek emergency medical treatment for my child, *(please print clearly)*in the event that I cannot be contacted immediately. My health insurance information is listed below.

Signed (Parent or Legal Guardian):

Name *(please print clearly)*:

Work number:

Cell number:

Home number:

Person to contact if you cannot be reached (Name and phone number):

Emergency contact name:

Emergency contact phone number:

All information is kept strictly confidential and used only by authorized personnel of The Seed to seek health care for your child in case of emergency.

Health Insurance

Name of insured:

Carrier:

Policy Number:

Dental Hygiene Information

(Required by the New York State Department of Education)

Date of your child's most recent dental examination and cleaning:

Name of your child's dentist:



GETTING TO KNOW YOU

Your child's name: _____

What language(s) do you speak at home and in your extended family? _____

What is your child's primary language? _____

Please describe one or two things that your child enjoys (i.e., favorite games, toys, etc.) _____

What special holidays does your family celebrate? _____

What does your family like to do together? _____

Have there been any major changes in your child's life in the last six months? If yes, please explain. _____

How does your child get along with parents and siblings? _____

How does your child get along with other children? _____

How does your child react to adults he/she does not know? _____

What does your child do when he/she gets upset? _____

How do you calm your child when he/she is upset? _____

What would you like your child to achieve this year at The Seed? _____



Would you like to introduce your family?

Feel free to use any media, such as photos, drawings, poems, etc.



Picture Consent

I give The Seed Day Care Center permission for the following pictures to be taken of my child, _____.

Please check the boxes below:

- Pictures
- Videos
- Pictures and videos to be used by the media
- Pictures and videos to be used on the webpage

Comments:

Parent's or guardian's name: _____

Signature: _____

Date: _____

If you do not want any of the above, please sign the below.

I choose to have no pictures taken of my child.

Parent's or guardian's name: _____ Signature: _____

Date: _____



Potassium Iodide (KI) Participation Form

Potassium Iodide (KI) is a chemical that can protect the thyroid from radioactive iodine. In the event of a nuclear event that releases radioactive iodide into the atmosphere, KI would flood the thyroid with stable iodine, and prevent or reduce the amount of radioactive iodine the thyroid can take in.

The NYS Emergency Management Office (SEMO), together with county officials, has made KI available in areas surrounding the Indian Point, Nine Mile Point, and Ginna Nuclear Power Plants. The Seed Day Care Center has a supply of KI on the premises in the event of a general emergency incident. If there is a nuclear emergency, evacuation and sheltering are the first option. However, KI will be made available to your child(ren).

Please complete the form below and return it to your child care provider.

I understand that Potassium Iodide (KI) may be given to my child if recommended by the County and/or State Department of Health in a radiological emergency. I have read and understand the Department of Health Postassium Iodide information sheet and I **DO** **DO NOT** (*circle one*) want KI administered to my child(ren).

Child's Name: _____

Parent/Guardian Name: _____

Signature: _____

Telephone Number: _____

Date: _____