

New Generation Daycare Staten Island Inc.

381/389 Seaver Ave
 Staten Island, NY 10305
 718-987-7596
 newgenerationlcsi@gmail.com



REGISTRATION FORM

CHILD	Name of Child	
	Date of Birth	
	Mother's Name	
	Father's Name	
	Home Address	
	Home Phone	
	Allergies	

WORK		MOTHER	FATHER
	Name of Business		
	Business Address		
	Work Phone		
	Cell Phone		
	Email Address		
	Driver's License #		

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.		
EMERGENCY	CONTACT#1	CONTACT #2
	Name	
	Phone	
	Relationship	
	Address	

Choose your program: 5 days 4 days 3 days 2 days

Full day Program

Half day Program

Drop off time:

Pick up time:

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ENROLLMENT CONTRACT

Child's name: _____

Start Date: _____

Tuition Schedule and Billing Policies

I am responsible for the following fees and I agree to abide by the billing policies as outlined in the Policies and Procedures Handbook.

Monthly tuition: _____

Security deposit: \$500

Early drop off or late pick up (if not pre-arranged): \$20 per 15 minutes

Registration fee: _____

Late payment fee: monthly payments are due by the 5th of the month. Late payments will incur a daily fee equaling 2% monthly rate.

Bounced check fee: \$25 for each bounced check.

There are **NO DEDUCTIONS, REBATES OR MAKE-UP DAYS** due to illness, absences, inclement weather or school closings. However, you are entitled to **ONE** free week of vacation each year. If the child was absent for more than 5 consecutive business days and there is a doctor's notice preventing him/her from attending daycare, we will credit you 50% of that time 2 times per school year, not more. Discount will be applied towards your next payment.

If Child Custody Agreement is in place:

- Parents must provide the center with a copy of the agreement and update it when necessary.
- If any changes of visitation schedule occur that would affect pick-ups, school should be notified immediately.
- One parent must be responsible for payments (guarantor).

Mother's Signature: _____ **Date:** _____

Print Name: _____

Father's Signature: _____ **Date:** _____

Print Name: _____

CHILD CARE EMERGENCY CONTACT INFORMATION AND CONSENT FORM

Child's Name: _____ Birth Date: _____

Address: _____

Parent/Guardian #1 Name: _____

Telephone: Home _____ Work _____ Cell _____

Parent/Guardian #2 Name: _____

Telephone: Home _____ Work _____ Cell _____

EMERGENCY CONTACTS (to whom child may be released if guardian is unavailable)

Name #1: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell _____

Name #2: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell _____

CHILD'S PREFERRED SOURCES OF MEDICAL CARE

Physician's name: _____

Address: _____ Telephone: _____

Dentist's name: _____

Address: _____ Telephone: _____

Hospital name: _____

Address: _____ Telephone: _____

Ambulance Service: _____

Telephone: _____

(Parents are responsible for all emergency transportation

charges) CHILD'S HEALTH INSURANCE

Insurance Plan: _____ ID # _____

Subscriber's Name (on insurance card): _____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to **ACT ON MY BEHALF** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Sick Policy

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 100.4 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

To ensure the health and safety of all children and staff at the New Generation Daycare, we have strict guidelines regarding illness:

Fever: A child must be fever-free (without the aid of Children's Tylenol/Motrin) for 24 hours with a temperature below 100.4°F / 38.0°C before returning to childcare.

Vomiting: If your child vomits, you will be contacted immediately to pick them up. Your child must stay home for 24 hours after the last episode of vomiting.

Sore Throat/Strep Throat: Children with strep throat must be on antibiotics for 48 hours and be fever-free before returning.

Coughs, Colds, and Runny Nose: Children should stay home with a persistent, hacking cough or green/yellow mucus/phlegm.

Rashes/Pink Eye: Children with conditions like lice, ringworm, or pink eye should remain home until treated and no longer contagious.

If your child becomes ill at the center, we will promptly notify you to arrange for pickup. For the well-being of everyone, sick children cannot return to daycare until they are fully recovered, typically 24-48 hours depending on the illness. Please provide a doctor's note upon return to ensure clearance for your child to rejoin us.

PARENT RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name: _____

Parent/Guardian's Name: _____

Signature

Date

Photographs, Videos and Interviews

(Please sign one)

I give permission for my child to be photographed, videotaped and/or interviewed for the promotion of New Generation Daycare I also give permission for my child's work to be published on any advertising media. This may include and is not limited to New Generation Daycare Facebook, Instagram posts, website or any Internet or print media, and will remain the property of New Generation Daycare. This consent is intended to release all personnel from any claim arising out of the use of such photograph, video and/or interview.

I give permission for my child's **WORK ONLY**, to be published on any advertising media, I **do not** give permission to post any photos or videos of my child. I understand that my child will be cropped out or hidden in any photos.

I DO NOT give permission for my child's work, photos or videos to be published on any print or advertising media.

What to bring

Please LABEL everything with your child's first and last name!

Young toddlers	Potty trained and up
Bibs (1-2)	
Diapres/pullups	
Wipes	
Diaper rash cream (if needed)	
2(two) fitted crib sheets	
Premade bottles (if needed)	One fitted crib/cot sheet
pacifiers (if needed)	
swaddling blankets*	thin blanket
2-3 sets of change of clothes	change of clothes (if potty training 2-3 changes!) one change of clothes
water bottle/thermos (lidded, non-spill)	
	Sunscreen/bug spray

What not to bring

Please do not allow your children to bring any toys or candy to daycare.

Any valuables that could be lost or could be safety hazard for students

Fancy clothing/shoes that can get stained/ruined.

New Generation Daycare is not responsible for any loss or damage to personal property, or your child's clothing .



TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name, First Name, Middle Name, Sex, Date of Birth, Child's Address, City/Borough, State, Zip Code, School/Center/Camp Name, District Number, Phone Numbers, Health insurance, Parent/Guardian Last Name, First Name, Email

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history, Allergies, Attach MAF if in-school medications needed, Does the child/adolescent have a past or present medical history of the following?, Medications

PHYSICAL EXAM, Date of Exam, General Appearance, Describe abnormalities

DEVELOPMENTAL, Nutrition, Hearing, Vision, Acuity, Dietary Restrictions, SCREENING TESTS, Blood Lead Level, Lead Risk Assessment, Hemoglobin or Hematocrit, Dental

Child Receives EI/CPSE/CSE services, CIR Number, Physician Confirmed History of Varicella Infection, Report only positive immunity

IMMUNIZATIONS - DATES, DTP/DTaP/DT, Tdap, Hepatitis B, Measles, Mumps, Rubella, Varicella, Polio 1, Polio 2, Polio 3

ASSESSMENT, Well Child (Z00.129), Diagnoses/Problems, ICD-10 Code, RECOMMENDATIONS, Full physical activity, Follow-up Needed, Referral(s)

Health Care Practitioner Signature, Date Form Completed, Health Care Practitioner Name and Degree, Practitioner License No. and State, Facility Name, National Provider Identifier (NPI), Address, City, State, Zip, Telephone, Fax, Email, DOHMH ONLY PRACTITIONER I.D., TYPE OF EXAM, Date Reviewed, REVIEWER, FORM ID#