

# PattyCake Playhouse II, Inc.

5288 Route 9W

Newburgh, NY 12550

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[www.pattycakeplayhouse.com](http://www.pattycakeplayhouse.com)

## 2011-2012 Registration

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Child's Nickname: \_\_\_\_\_

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

School District: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address for Newsletters and Notices: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Program: \_\_\_\_\_ Infant (8 weeks-18 months)  
\_\_\_\_\_ Toddler (18 months- 3 years)  
\_\_\_\_\_ Preschool (3 years- 4 years)  
\_\_\_\_\_ PreK (4 years- 5 years)  
\_\_\_\_\_ School Age (5 years- 12 years)

### Schedule:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Full Day					
Before School (School Age)					
After School (School Age)					

Please check one of the following:

\_\_\_ My child will be participating in the Full Year (12 months) program.

\_\_\_ My child will be participating in the School Year (10 months) program.

\_\_\_ My child will be participating in the Summer (2 months) program.

Scheduled Start Date: \_\_\_\_\_ Registration Fee: \_\_\_\_\_

Please Choose a Payment Preference: \_\_\_ Monthly \_\_\_ Weekly

**Contact Information:**

In the event that parents/ guardians cannot be reached, please list emergency contacts (include name, relationship, and telephone number):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

The following individuals have permission to pick up my child, should I be unable to do so: (these individuals should always bring I.D.):

- |                |                 |
|----------------|-----------------|
| 1) Name: _____ | Initials: _____ |
| 2) Name: _____ | Initials: _____ |
| 3) Name: _____ | Initials: _____ |
| 4) Name: _____ | Initials: _____ |

**Getting to Know You:**

List siblings that live in the home (include ages): \_\_\_\_\_  
\_\_\_\_\_

Are there any special conditions we should be aware of (Divorce, Separation, Sibling with a handicap, Order of Protection, Custody Documents, etc)?: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been in daycare? If so, why did you terminate enrollment?: \_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained?: \_\_\_\_\_

Are there any religious observance restrictions?: \_\_\_\_\_

Do you have any concerns regarding your child (developmentally, socially, emotionally)?:  
\_\_\_\_\_

What are your expectations for your child while in our program?: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? (If referred, please include the name of the person who referred you):  
\_\_\_\_\_

**Medical Information:**

Child's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Childhood Diseases: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Medications Taken on a Regular Basis: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
 Subscriber's Name: \_\_\_\_\_ Subscriber's Date of Birth: \_\_\_\_\_  
 Subscriber's Relationship to Patient: \_\_\_\_\_

I have received and read the 2011-2012 policy statement of PattyCake Playhouse II, Inc. and I am in complete agreement with the said terms. I will keep a copy of these policies in a convenient location for easy reference and I am aware that these policies will be strictly enforced.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that tuition is due regardless of attendance, holidays, and emergency closings. I understand that late fees will be assessed in accordance to the said terms in the policy statement. The rate at enrollment is \$\_\_\_\_\_ (rate is subject to change based on increased or decreased days and/ or tuition rate changes, which would be given in advance).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to PattyCake Playhouse II, Inc. to seek any and all emergency medical treatment for my child in the event that I cannot be contacted immediately. PattyCake Playhouse II, Inc. will have permission to facilitate appropriate medical treatment for my child until Emergency Medical Service arrives on the scene.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for PattyCake Playhouse II, Inc. to photograph my child and use such photographs in advertising/ literature, website updates, and newspaper articles.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I accept full responsibility for my child's transportation to and from PattyCake Playhouse.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give my child permission to participate in nature walks in the neighborhood (North Hill Lane). Walks include holding onto a rope and/ or sitting in a stroller. First Aid bags and cell phones always accompany classes on walks.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child has permission to participate in sprinkler play during the summer months. I will provide a towel, bathing suit, and water shoes (labeled with first and last name), as requested on designated days.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child has permission to participate in outdoor snow play during the winter months. I will provide a snowsuit, gloves, hat, and boots (labeled with first and last name), as requested on designated days.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

