

PattyCake Playhouse II, Inc.

2010-2011 Registration

5288 Route 9W

Newburgh, New York 12550

(845) 562-6322 phone 🍏 (845) 568-3240 fax

info@pattycakeplayhouse.com email

CHECK US OUT ON THE WEB: www.pattycakeplayhouse.com

Child's Name: _____

Program: _____ Infant (8 weeks- 18 months)
_____ Toddler (18 months- 3 years)
_____ Preschool (3-4 years)
_____ PreK (4-5 years)
_____ School Aged (Marlboro Schools 5-12 years)

Schedule:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FULL DAY					
SCHOOL AGE BEFORE SCHOOL					
SCHOOL AGE AFTER SCHOOL					
EARLY DROP OFF (6:30am)					

Please check one of the boxes below:

- 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.

Child's Name: _____ Sex: M F Date of Birth: _____

Child's Nickname: _____

Child Lives with: _____ Home Telephone _____

Address: _____

School District: _____

Sponsor Name: _____ Co-Sponsor Name: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

Work Telephone: _____ Work Telephone: _____

Cellular Telephone: _____ Cellular Telephone: _____

Email Address for Newsletter & Correspondence: _____

HEALTH

Child's Physician: _____ Telephone: _____

Child's Medical Care Hospital: _____ Child's Dentist: _____

Childhood Diseases: _____

Allergies or Dietary Restrictions: _____

Medication Taken Regularly: _____

Hearing, Visual, or Dental Conditions: _____

Medical or Developmental Conditions: _____

EMERGENCY CONTACTS (Other than sponsors):

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

ADULTS AUTHORIZED TO PICK UP CHILD (Other than sponsors):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

SIBLINGS:

Name/Age _____ Name/Age _____

Name/Age _____ Name/Age _____

Name/Age _____ Name/Age _____

Has your child had other experiences in day care or nursery school? _____

Is your child potty trained? _____

Does your child have any fears we should know about? _____

Are there any religious observance restrictions? _____

How do you comfort your child when he/she is upset or hurt? _____

What are your expectations for your child in our program? _____

Do you have any concerns regarding your child (developmentally, socially, emotionally)? _____

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

Registration Fee: _____

Sponsor's Signature/Date

Scheduled Start Date: _____

→I have received and read the 2010-2011 policy statement of Patty Cake Playhouse, and I agree to comply with all the rules. (please keep a copy of the policy for your records) The policy will be strictly enforced.

DATE

SIGNATURE

→I accept full responsibility for my child's transportation to and from Patty Cake Playhouse.

DATE

SIGNATURE

→I understand that the tuition is due regardless of my child's attendance, holidays, or emergency closings. The rate at enrollment is \$ _____ (rate is subject to change based on increased/decreased days and/or tuition rate change which would be given in advance).

DATE

SIGNATURE

→By registering, you acknowledge financial responsibility for your child resulting from this registration. In addition, you understand that PattyCake Playhouse II, Inc. may refer your past due account for collection and may authorize legal action against you for the collection of this debt. You agree to be liable for all reasonable collection costs, including but not limited to: attorney fees, court costs, and other charges necessary for the collection of your past due account.

DATE

SIGNATURE

→I give permission for Patty Cake Playhouse to seek any and all emergency medical treatment for my child in the event that I cannot be contacted immediately.

DATE

SIGNATURE

→I agree to review and update this registration information when a change occurs and at least once annually.

DATE

SIGNATURE

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

DATE

SIGNATURE

