

CHILDREN'S DEVELOPMENT GROUP for
Speech, OT, PT, and Psychological Services, PLLC
1 Mill Street
Keeseville, NY 12944
(518) 834-7071
Fax (518) 882-0282
<http://childrensdevgroup.com>

Office Use Only
Enrollment Date: _____

**Enrollment Application
2020-2021**

Name of child: _____ Date of birth: __/__/__

Address: _____

Mailing address (if different than above): _____

Mother's name: _____ Phone number: (____) ____ - ____

Address (if different than child's): _____

Employer: _____ Work number: (____) ____ - ____

Father's name: _____ Phone number: (____) ____ - ____

Address (if different than child's): _____

Employer: _____ Work number: (____) ____ - ____

Primary language spoken in the home: _____ Secondary language: _____

Parents are: Married Separated Divorced Single

Other children residing in the home:

Name: _____ Relationship: _____ DOB: __/__/__

Name: _____ Relationship: _____ DOB: __/__/__

Name: _____ Relationship: _____ DOB: __/__/__

Other members of the household:

Name: _____ Relationship: _____ DOB: __/__/__

Name: _____ Relationship: _____ DOB: __/__/__

Name: _____ Relationship: _____ DOB: __/__/__

Child's physician: _____ Phone number: (____) ____ - ____

Address: _____

Child's dentist: _____ Phone number: (____) ____ - ____

Address: _____

Two emergency contacts other than the parents (these contacts are mandatory and will be confirmed before your child can start school):

Name: _____ Relationship: _____

Phone: (____) ____ - ____ Alt. phone: (____) ____ - ____ Work: (____) ____ - ____

Name: _____ Relationship: _____

Phone: (____) ____ - ____ Alt. phone: (____) ____ - ____ Work: (____) ____ - ____

All known allergies (if your child requires medical intervention for allergies, please attach a medical plan):

Current and past medical issues (if your child has a specialist involved with their care, please include their contact information below and on the consent form):

Current medical list (Staff are certified to give medications. If you need our staff to administer medications to your child, we will need a consent form signed by the attending physician and yourself):

Do you need our staff to administer your child's medication? Yes No

The following people have permission to pick-up my child at preschool:

Name: _____ Phone number: (____) ____ - ____

Name: _____ Phone number: (____) ____ - ____

Name: _____ Phone number: (____) ____ - ____

The following people do not have permission to pick-up my child at preschool:

Name: _____ Phone number: (____) ____ - _____

Name: _____ Phone number: (____) ____ - _____

Name: _____ Phone number: (____) ____ - _____

Your child's information

List your child's interests: _____

What activities do you do with your child? _____

How often do you read to your child? _____

What is his/her favorite book? _____

What does your child eat? _____

What is your child's eating routine? _____

Do you have any concerns regarding your child's development/behavior? _____

What is your discipline policy? _____

Please touch on the following:

Cognitive skills (Attention, memory, thinking, problem solving....): _____

Social-emotional skills (Sharing, coping, using words, feelings....): _____

Physical development (running, jumping, throwing....): _____

Self-help skills (feeding self, toileting, helping with chores...): _____

Is there any other information you would like us to know about your child? _____

CHILDCARE INFORMATION

Classroom days and hours: School days- Monday-Friday 7:30-4:30.

Special Class hours: Monday-Friday 8:00-1:00

All children will receive breakfast. Those children staying after 1:00 will also receive a snack.

* This program follows the school calendar (see enclosed). Please make alternative childcare arrangements for your child when school is not in session.

Childcare rates: All childcare tuition is \$76.50/week, \$153.00/two weeks, \$306.00/month. Tuition is calculated based on the 180 mandatory school days. Please make check or money order out to **Children's Development Group** and mail to:

Children's Development Group
1 Mill Street
Keeseville, NY 12944

* Childcare payments will not be accepted in the classroom.

** Payments can be made on a weekly, biweekly, or monthly basis. Any child whose payments are one month overdue will not be able to attend the program until either the payment has been made in full or arrangements have been made with the Keeseville office staff (518-834-7071). Your payment plan must stay consistent. If you would like to change your payment plan once you have signed this form, please contact the office.

Please check one:

My child will be arriving to the program _____ before 8:00am and leaving after 1:00pm

My child will be arriving at _____ 8:00am and leaving at 1:00pm

I will be making my payments _____ weekly _____ biweekly _____ monthly

Please ensure that your child is picked up by 4:30pm. Children requiring care after 4:30pm must make arrangements with the classroom teacher and will be charged by the following schedule:

Rate	Min. Late
\$5.00	1-15
\$7.50	16-30
\$15.00	31-60

Please make checks payable to Children's Development Group

I give CDG permission to electronically send receipts and progress reports regarding my child and I understand that my email may/may not be secure (password protection, encryption, etc.).

E-mail address: _____

All children must have the following documents in order to attend the program (no exceptions):

- Proof of a recent physical (within the year)
- Proof of current immunizations
- Enrollment application with two confirmed emergency contacts
- Any medical information (if applicable)
- Consent to obtain/release information form
- Blue emergency form
- Prescription/consent form from physician/parent for medication administration (if applicable)

I have read, completed, and understand the information in this document. I have received a copy of the Parent Handbook and all of my questions have been thoroughly answered and explained.

Parent name (please print)

Parent Signature

Date