

### **VNS Registration Form 2023-2024**

Child's name and nickname (if applicable): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Please check your desired program(s):

——2s Program - 10:00– 11:40 am *Mondays (October-February w/ caregiver, March-June drop off)*

——3s Program - 8:50-11:45 am  
*Tuesdays, Wednesdays, Thursdays*  
*September-June*

——4s Program- 9:00 am-12:00 pm  
*Monday-Friday*  
*September-June*

Allergies or dietary restrictions: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Childhood illnesses/diseases/medications taken regularly: \_\_\_\_\_

\_\_\_\_\_

Child lives with:

(names) \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Email for newsletter and updates: \_\_\_\_\_

School District: \_\_\_\_\_

Does your child receive Early Intervention or Preschool Services? \_\_\_\_\_

Emergency contacts and adults authorized to pick up your child (other than parents):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anyone who should NOT be picking up your child? (please be specific):

\_\_\_\_\_

Please remember to notify us if your contact information changes during the school year.

Please Initial:

The preschool may obtain emergency treatment if I or my emergency contacts cannot be contacted. \_\_\_\_\_

Tuition is due regardless of absences, vacations, holidays, or emergency closings. \_\_\_\_\_

I accept responsibility for my child's transportation, including off-site field trips. \_\_\_\_\_

My child may be photographed and photographs may be used for: (initial all that apply)

Website \_\_\_\_ Local print advertising \_\_\_\_ Facebook \_\_\_\_ Internal Bulletin Boards \_\_\_\_

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

Information we can share with the classroom teacher

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

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

Is this your child's first experience away from you?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears we should know about?

\_\_\_\_\_  
\_\_\_\_\_

What is the best way to comfort your child?

\_\_\_\_\_  
\_\_\_\_\_

Are there any activities that make your child uncomfortable?

\_\_\_\_\_  
\_\_\_\_\_

What toys/activities does your child love?

\_\_\_\_\_  
\_\_\_\_\_

What would you like your child to gain from this preschool experience? \_\_\_\_\_

\_\_\_\_\_  
Do you have any concerns that you would like us to know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## VNS POLICIES

Registration is offered year-round and available until filled. VNS offers registration beginning in January for the upcoming school year. Knowing how many students we are expecting allows us to make informed staffing decisions and organize activities.

To complete registration, we must have a registration form completed. Once completed, a financial contract will be given and must be completed within 3 days of receipt including credit card information. \$175.00 (threes and fours) and \$120.00 (twos) toward September tuition will be processed upon receipt of the financial contract. Registration will be considered complete with a signed registration form, financial contract, and tuition deposit.

\*New Families will also be required to pay a one time \$75.00 registration fee at registration time\*.

**Registration Form:** The preschool registration form is a document containing important information about our students and their families. It is vital that parents keep registration information up-to-date. Please make us aware of address and phone number changes, updates to authorized pick-up persons, changes in medical conditions, etc. A new registration form must be completed each school year.

**Medical Statement:** A medical statement is a summary of a well visit doctor's appointment that includes child's immunizations, test results, allergies, medications, special diets, and any other medical information you would like us to know about your child. Medical statements must be resubmitted every school year at the annual mark.

**Locked Doors:** Our VNS front door as well as all church outside doors are locked at all times. You must be let in by our staff. Please be prepared to discuss the reason for your visit and to show ID if it's requested.

**Clothing:** Please send your child in comfortable, casual clothing as the curriculum is movement based and spills and accidents sometimes happen. Socks should be worn. Shoes should be easy for the child to put on independently. Velcro is ideal. Our classes will be utilizing our outdoor space as often as possible. Please have your child wear clothing that can be worn outside. We ask that you provide a seasonal change of clothing, which the teacher will leave in the child's Cubby drawer.

**Snack:** Please keep in mind that Village Nursery School is a NUT FREE ZONE. For twos and threes class, please send your child in with a healthy snack and water or juice daily. For fours class, please send your child in with a small lunch and water bottle. We strongly encourage foods that support organization such as cut up veggies, fruit, whole grain granola bars, cheese and crackers. If your child has any allergies, please notify staff immediately.  
PLEASE: No soda or candy bars. No glass bottles or containers. No meals that require heating.

**Birthdays:** Celebrations of birthdays may be arranged in advance with your child's teacher.

**Storm closings:** We follow the Cornwall Central School District (CCSD) for closings due to inclement weather. In the event snow starts during school hours, we will contact you with emergency closing information via our parent portal, KAYMBU.

Cornwall Schools 2-hour delayed opening due to weather: VNS classes delayed one hour and 15 minutes(two class will begin at the regular time)

Cornwall Schools 3-hour delayed opening due to weather: No classes.

Cornwall Schools closed: No classes

**Health:**

We all want to stay healthy, so please keep your child home if he/she is experiencing:

- 1.Fever,diarrhea,or vomiting within 48 hours. Your child must be Fever free 48 hours without medication assistance before returning to school.
2. Conjunctivitis (child must be on medicine 48 hours before returning to class)
3. Active signs of illness including uncontrolled coughing or sneezing, difficulty breathing, lethargy.

We reserve the right to take a child's temperature while at school. A child with a temperature of 99 °F or higher will be required to be picked up promptly.

I have read and understand all safety and health policies.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_