



307 Mamaroneck Road Scarsdale, New York 10583 Telephone 914-472-5409

Fax 914-472-1039



The Little School

**KIDS' B.A.S.E.
FAMILY REGISTRATION
2010 - 2011**

**Deborah Fine
Executive Director**



CHILD'S FIRST NAME _____ MI _____ LAST NAME _____

HOME PHONE _____ CHILD'S ELEMENTARY SCHOOL _____

MOTHER'S INFORMATION	FATHER'S INFORMATION
Full Name:	Full Name:
Home Address:	Home Address:
Occupation/Employer:	Occupation/Employer:
Check One: Full Time _____ Part Time _____ N/A _____	Check One: Full Time _____ Part Time _____ N/A _____
Office Address:	Office Address:
Office (Desk) Phone:	Office (Desk) Phone:
Cell Phone:	Cell Phone:
Office Email:	Office Email:
Personal Email:	Personal Email:

ENROLLMENT INFORMATION/MONTHLY CONTRACT

THE SCHEDULE LISTED BELOW IS FOR:

CHILD'S NAME _____ CHILD'S DATE OF BIRTH _____ SEX _____

SCHOOL _____ TEACHER'S NAME _____ GRADE (FALL 2010) _____

CHECK WHICH APPLIES

_____ Scheduled Monthly Use (must commit for minimum of 1 month)

_____ Occasional Use (We will do our best to accommodate you in all programs!)

_____ Sports or Chess Only (DO NOT FILL OUT GRID BELOW)

If your child will be a SCHEDULED user, indicate schedule below. Please check the days/times your child will use Kids' B.A.S.E. Start Date: _____/_____/_____ (Please indicate MONTH/DATE/YEAR)

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Session I 7:00 - 9:00					
Session II 12:00 - 3:30					
After School 3:30 - 5:30					
Extended Day 5:30 - 6:30					

This session is available when Scarsdale Schools close at noon before a holiday/break, for half day conferences or for the half day Kindergarten program in September only. This session is not offered anytime Scarsdale schools close early due to inclement weather or any other emergency early closing.

SEE REVERSE SIDE FOR ALLERGY INFORMATION & SPECIAL CIRCUMSTANCES

SIBLING ENROLLMENT INFORMATION

SIBLING FIRST NAME _____ M.I. _____ LAST NAME _____

CHILD'S DATE OF BIRTH _____ SEX _____

SCHOOL _____ TEACHER'S NAME _____ GRADE (FALL 2010) _____

Check Which Applies

- Scheduled Monthly Use (must commit for minimum of 1 month)
 Occasional Use (*we will do our best to accommodate you in all programs!*)
 Sports or Chess Only (DO NOT FILL OUT GRID BELOW)

If your child will be a **SCHEDULED** user, indicate schedule below. Please check the days/times your child will use Kids' B.A.S.E. Start Date: _____/_____/_____ (Please indicate MONTH/DATE/YEAR)

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Session I 7:00 – 9:00					
Session II 12:00 – 3:30					
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List and/or describe any Food Allergies, Medical Conditions, Special Needs, Special Services, etc.

Scarsdale Transportation is provided to and from your child's school.
 Heathcote families please complete the private bus transportation waiver and release, attached.

Please return form with a \$60 per family non-refundable registration fee. You may assume your family is registered unless you receive notice from the main office. Make checks payable to Kids' B.A.S.E. This fee does not guarantee a place for your child. If we cannot accommodate your family, your registration fee will be returned. For further information, contact Johnna Locoparra, the After-School Program Coordinator at 472-5409.

PARENT CONSENT FORM

I agree to pay for the care of my child and I consent to the enrollment of _____
(child's name)

in all programs offered by Kids' B.A.S.E. I have received a *Parent Handbook* explaining all policies regarding fees, transportation, and services provided by Kids' B.A.S.E., and the New York State Office of Children and Family Services regulations under which it is licensed. I give permission to Kids' B.A.S.E. for the following:

1. To seek **emergency medical treatment** for my child in the event I cannot be reached.
2. To have my child participate in **field trips and outings** under the supervision of Kids' B.A.S.E. staff.
3. To **transport** my child from his/her school to the program site in which he/she is enrolled.
4. EMERGENCY NOTIFICATION AND PERMISSION TO RELEASE (Other than CHILD'S PARENTS)

NAME _____ PHONE _____

5. To **release** my child to any of the following people if I am unable to pick him/her up providing I notify the teacher-in-charge:

1) _____ 2) _____

3) _____ 4) _____

YOUR CHILD(REN) WILL ONLY BE PERMITTED TO BE RELEASED TO SOMEONE YOU HAVE INDICATED IN WRITING (AS ABOVE). Please note: we may not release your child based on permission given by telephone only.

6. To allow my child to be photographed and to allow any pictures in which my child appears to be released for publication in newspapers, brochures, for fund-raising or public relations.
7. I agree to pay for the care of my child at the following **MONTHLY** rates:

Sessions	5 Days	4 Days	3 Days	2 Days	1 Day	Occasional Use
Session I 7:00 – 9:00	\$250	\$200	\$150	\$100	\$50	\$30
Session II 12:00 – 3:30	\$490	\$392	\$294	\$196	\$98	\$45 Scarsdale Half Days
	September only monthly rates					
After School 3:30 – 5:30	\$385	\$308	\$231	\$154	\$77	\$40
Extended Day 5:30 – 6:30	\$180	\$144	\$108	\$72	\$36	\$25

NO CHILD MAY CONTINUE TO ATTEND IF HIS/HER FAMILY'S BILL IS LATE.

 PARENT'S SIGNATURE

 DATE

YOU MAY CHANGE YOUR CHILD'S SCHEDULE AT ANY TIME BUT CHANGES MUST BE MADE ON OR BEFORE THE 25TH OF THE PRIOR MONTH IN ORDER NOT TO BE FINANCIALLY RESPONSIBLE

For a child to be admitted to the program, families must complete and sign forms presented by Kids' B.A.S.E. These include: the Registration Form, the Parent Consent Form, a copy of the child's up-to-date medical report which must be signed by a physician (from your school nurse or physician is permitted) and Heathcote Bus Waiver, if applicable. **NO CHILD MAY ENTER THE PROGRAM UNLESS ALL FORMS ARE COMPLETED, INCLUDING THE MEDICAL FORM.**

HEATHCOTE CHILDREN PRIVATE BUS TRANSPORTATION WAIVER & RELEASE

I, _____, residing at _____ Scarsdale, New York, am the parent or legal guardian of _____. My child is enrolled in the Kids' B.A.S.E. & The Little School program(s). I hereby request that my child(ren) be permitted to participate in the private bus program provided to and from the Kids' B.A.S.E. & The Little School site located at 307 Mamaroneck Road, Scarsdale, New York, for the 2010-2011 school year. Kids' B.A.S.E. & The Little School is a not for profit educational childcare corporation (KBLS).

Private bus transportation is provided for KBLS by County Coach Corp., as arranged by KBLS. I acknowledge that KBLS assumes no responsibility, legal or otherwise, for the operation or safety of the buses or the drivers employed by County Coach Corp. to operate buses. I agree to instruct my child to follow all rules and regulations promulgated by County Coach Corp. I understand that the failure by my child to follow such rules and regulations may result in my child losing his or her privilege of being transported by County Coach Corp.

For good and valuable consideration, I hereby remise, release and forever discharge (as "Releasor") KBLS, its employees, officers, trustees, or any other entity working on behalf or at the request of KBLS, and their successors, heirs, executors and assigns (the "Releasees") from any and all liability, damage or harm of whatever nature, arising out of the private transportation of my child to and from the KBLS site as set forth herein. As Releasor, I further agree that I shall waive and shall not bring any claim, action, lien, demand, proceeding or suit of any kind, either at law or in equity, in any forum or court, which I, individually or behalf of my child, may possess or have standing to bring, naming the Releasees or any of them arising out of or with regard to the private transportation of my child to and from the KBLS site as provided herein.

All of the above remains in effect in the event that another bus company is selected to succeed or substitute for County Coach Corp. in providing service to KBLS during the school term.

Dated

Signature

Full Name, Please Print



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child: _____

Date of Birth: _____

Date of Examination: _____

Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ____ / ____ / ____ Mantoux Results: Positive Negative _____ mm

TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ____ / ____ / ____

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ____ / ____ / ____ Result: _____ mcg/dL Venous Capillary

2 years ____ / ____ / ____ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):

____ / ____ / ____ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

ADDITIONAL INFORMATION ON REVERSE SIDE →



Medical Statement of Child in Childcare (continued)

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to Day
Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care. Yes No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	() Phone Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.