



Clifton Park Nursery School
 344 Moe Road
 Clifton Park, NY 12065
 (518) 371-5850
www.cliftonparknurseryschool.org

WELCOME TO CLIFTON PARK NURSERY SCHOOL!
"The Little Red Schoolhouse"

Clifton Park Nursery School is a cooperative nursery school with a family-centered program. The parents, children, and teacher learn to work and play together in a warm and caring environment. Parent involvement includes helping in the classroom and on field trips, serving on committees, and fundraising. Fun, family-oriented events are held throughout the year.

Our teacher has 25 years of teaching experience. To compliment her Associates Degree in Early Childhood Education, she participates in regular continuing education programs. She strives to meet the individual needs of each child in our dynamic classroom. For example, to ease the transition into school, she meets each child at their own home prior to the start of school.

During each class session a parent assists the teacher so that there are always two adults present. Class size is limited to 12 children in the 3 year old classes and 13 children in the 4 year old. Our normal class schedule is:

	Tuesday & Thursday	Monday, Wednesday & Friday
Morning	3 year old class - 9:00-11:30 am	4 year old class - 9:00-11:30 am
Afternoon	3 year old class - 12:30-3:00 pm	4 year old class 12:30-3:00 pm

In some years we have run a 2 year old class on Tuesday & Thursday from 12:30-2:00 pm. If you are interested in this class, please contact the 3 year old registrar to be put on a waiting list.

Open houses and tours of the school are arranged regularly. Class observations are done by appointment to limit classroom disruptions. Parents can observe the class for 15 minutes while the prospective student is welcome to join the class. A complete list of Open Houses can be found at <http://www.cliftonparknurseryschool.org>. You can also leave a message for the Registrars at 371-5850.

We look forward to meeting you and telling you more about our unique program.

Sincerely,
 Jennifer Duncan & Katie Farren
 Registrars, Clifton Park Nursery School

Clifton Park Nursery School

Dear Parent:

Enclosed is the Registration Packet for Clifton Park Nursery School for the 2011-2012 school year. The packet includes the following forms:

1. Registration and Emergency Information Form
2. Parents' Creed and Contract (2)
3. Committee Explanation Sheet
4. Committee Preference Information
5. Committee Preference Form
6. Health Certificate
7. Delegation of Parental Consent

All registration forms must be completed and returned to us along with the fees explained below in order for your application to be considered complete. The only exception is the Health Certificate, which must be returned by August 1. If you decide not to register your child after receiving this Registration Packet, please notify us immediately. These forms must be accompanied by the non-refundable Registration Fee of \$50.00 plus a security deposit equal to one month of tuition. Fees are as follows:

	Tuesday & Thursday	Monday, Wednesday & Friday
morning	3 year old class \$50 registration fee + \$95 security deposit = \$145 with forms*	4 year old class \$50 registration fee + \$125 security deposit = \$175 with forms*
afternoon	3 year old class \$50 registration fee + \$95 security deposit = \$145 with forms*	4 year old class \$50 registration fee + \$125 security deposit = \$175 with forms*

*These are the 2011-2012 tuition rates.

The Security Deposit will be applied to your May 2012 tuition, and will be refunded should your child be withdrawn from school prior to September 1, 2011. It is non-refundable after that time. All checks should be made payable to Clifton Park Nursery School. The September tuition is due by September 1, 2011. **It is important to note that your position will be held only once all fees are paid and all forms (excluding Health Certificate) are filled out completely.**

Please forward all forms and registration fees to the Registrar at the following address:
Clifton Park Nursery School
344 Moe Road
Clifton Park, NY 12065

We would appreciate that these forms be completed fully to insure the smooth and efficient functioning of our school. We thank you for your cooperation and look forward to your family's participation in the **Clifton Park Nursery School.**

If you have any questions, or need further information, please do not hesitate to contact one of us.

Sincerely,

Jennifer Duncan & Katie Farren
Registrars, Clifton Park Nursery School

Clifton Park Nursery School

REGISTRATION FORM

Child's Name – Last _____ First _____ Middle _____

Nickname (if any) _____ Class _____

Date of Birth _____ Sex (circle) Male Female

Parent's Name (1) _____

Parent's Name (2) _____

Home Address _____

Home Phone Number(s) _____ Cell Number(s) _____
(Please * the best contact number)

E-mail Address _____
(We do most of our correspondences through e-mail, so please be sure that this is an address that is checked regularly.)

Parent's Employer (1) _____ Work Phone _____

Work Address _____

Parent's Employer (2) _____ Work Phone _____

Work Address _____

Class Session Preferred (Circle One Only)

3 year old T/Th - AM

3 year old T/Th -PM

4 year old M/W/F - AM

4 year old M/W/F - PM

Sibling Information (if applicable)

First Name	Age	Date of Birth	School

Do you expect your child to be toilet trained by September? (It is fine if answer is No.) _____

Has your child had previous nursery school experience? _____ When? _____

Where? _____ Reason for leaving _____

Clifton Park Nursery School

REGISTRATION FORM

Child's Name _____ Class _____

Is there anything about your child that would be helpful for the teacher to know in order to understand and work with him/her better? Please, take a moment to think about this. It is very helpful information.

What are your child's favorite activities?

What do you want your child to gain from his/her nursery school experience?

Does your child have any special fears?

How did you find out about our school?

EMERGENCY INFORMATION FORM

In case of emergency, list three people who could be contacted in case there is an emergency and you cannot be reached. Please be sure they know their names are being given, and that they should be available if needed.

Name 1 _____ Relationship _____

Address _____ Phone _____

Name 2 _____ Relationship _____

Address _____ Phone _____

Name 3 _____ Relationship _____

Address _____ Phone _____

List any allergies your child has.

List any special needs your child has.

List any medications your child takes on a daily basis.

List any medical or physical limitations your child has.

Type of Hospitalization Insurance (Blue Cross Blue Shield, CHP, Etc.) _____

Policy ID# _____ File No. (if any) _____

Doctor's Name _____ Phone _____

Clifton Park Nursery School

PARENT CREED AND CONTRACT (1)

We, _____ and _____,

the parents of _____,

understand that the Clifton Park Nursery School is a cooperative school fully administered by the parents of the enrolled children. We agree to join this cooperative and fulfill the duties thereof:

1. To act as helping parent when scheduled.
2. To provide transportation for our child to and from school at the designated class times.
3. To chaperone and provide transportation for field trips, as required.
4. To actively serve on a standing committee or the executive committee.
5. To pay monthly tuition as follows by the first of each month. To pay a late fee of \$10 after the first of the month.

	Tuesday & Thursday	Monday, Wednesday & Friday
morning	3 year old class \$95 *	4 year old class \$125 *
afternoon	3 year old class \$95 *	4 year old class \$125 *

*All fees are subject to change. These are the 2011-2012 rates.

6. To provide a healthy, nut free snack.
7. To follow the Constitution and By-laws of Clifton Park Nursery School.
8. To either (check one):
 - a. _____ participate fully in all major CPNS fundraisers and the auction.
 - b. _____ pay the fundraising opt out fee, in lieu of participating in any fundraising. This is a figure based upon the average yearly fundraising goal divided by the number of families in the school.
9. To attend scheduled meetings as required.
10. To notify the school at least one month prior to leaving the school should the need to withdraw from the school arise.
11. To participate in school elections.

By signing this contract, we agree to all of the above.

Date

Parent 1

Parent 2

Please keep one copy and return one copy.

Clifton Park Nursery School

PARENT CREED AND CONTRACT (2)

We, _____ and _____,

the parents of _____,

understand that the Clifton Park Nursery School is a cooperative school fully administered by the parents of the enrolled children. We agree to join this cooperative and fulfill the duties thereof:

1. To act as helping parent when scheduled.
2. To provide transportation for our child to and from school at the designated class times.
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Date

Parent 1

Parent 2

Please keep one copy and return one copy

Clifton Park Nursery School

COMMITTEE EXPLANATION SHEET

PRESCHOOL PTA REPRESENTATIVE (1) This person attends Shenendehowa Preschool PTA meetings and acts as liaison between CPNS and Preschool PTA at meetings for programming interests. Meetings are held every other month.

BOOK CLUB (1) This person is responsible for ordering and distributing the books ordered from the Scholastic Book orders each month and assists the teacher in purchasing other Scholastic materials.

FUNDRAISING (5) While each family has a major role in fundraising, members of this committee are needed to help at the annual auction as well as fundraising activities throughout the year. Proceeds go towards ensuring the school's maintenance and operational needs are met and purchasing new equipment and supplies.

WEB PAGE (1) The person responsible for the maintenance of the web site will make updates to the web pages as requested by the Executive Committee. The person may also make suggestions to the Executive Committee regarding improvements or changes to the web site.

HOSPITALITY (4) This committee is responsible for arranging, hosting, and general set-up/clean-up at all CPNS social functions. Events include: Welcome Potluck Picnic, Pumpkin Carving, Potluck Dinner/Elections, Annual Auction, and End of Year Picnic. It is also responsible for securing the food and paper products required for the above events.

PROJECTS (12-15) The Projects Committee is responsible for periodic cleaning/maintenance of specific areas of the interior facilities, as well as any special projects required inside or outside the school. Projects may include: washing windows, shampooing rugs, vacation maintenance, painting, masonry and carpentry repairs, minor plumbing repairs, and minor electrical repairs. Other tasks include repair of costumes, curtains, and other classroom materials. This committee is also responsible for cleaning all toys throughout the year.

HOUSEKEEPING (12-15) This committee is responsible for the weekly cleaning of the school and special cleaning projects as needed. One or two members will be assigned to thoroughly clean the interior of the school weekly. This includes: general straightening of the school, cleaning and disinfecting sinks, bathroom, chairs, tables, vacuuming rugs, and mopping floors.

PURCHASER (1) This person is responsible for pricing of items, as requested by the teacher or Executive Committee. The Purchaser is also responsible for buying these items when requested.

CLASS PARENT (4) One class parent is needed for each class. Class parents are responsible for providing information to their classes regarding meetings, trips, parties, and other upcoming events. They will be responsible for preparing and distributing monthly Helping Parent schedules for their class. They will also be responsible for finding a substitute for the teacher in an emergency. Attendance at monthly board meeting is strongly encouraged and helpful for overall communication.

BUILDINGS AND GROUNDS (10-15) Members of this committee will be assigned to a rotating maintenance schedule including yard work and snow removal. This committee is also responsible for painting, cleaning gutters, outside carpentry, trimming bushes, repair of playground equipment, or other exterior tasks as needed. Members might be put on lawn mowing and snow shoveling lists as needed.

PUBLICITY (1) Responsible for publication of various school activities/events and open houses in newspapers and websites. Also responsible for changing and maintaining message sign as needed.

GRANT WRITER (1) Seeks out and applies for grants as they become available at various institutions (both public and private) and follows through with any requests the institutions may have.

SNOW PLOWING (1) Person is responsible for plowing the parking lot as needed after snowfalls.

SUMMER LAWN (4) Committee is responsible for mowing and trimming school lawn during summer months.

EXECUTIVE COMMITTEE

CO-CHAIRPERSONS (2)

VICE-CHAIRPERSON (1)

TREASURER (2)

REGISTRAR (2)

FUNDRAISING CO-CHAIR (2)

SECRETARY (2)

All terms run May to May with three exceptions. One Registrar position, one Treasurer position and one Co-Chair position run December to December in order to provide continuity. Anyone interested in serving on the Executive Board may contact a Co-Chair for information. Serving on the Board fulfills the committee responsibility.

Clifton Park Nursery School

COMMITTEE PREFERENCE INFORMATION

Child's Name _____ Class _____

Parent's Name (1) _____

Occupation _____
(former occupation, if not currently employed)

Phone Number _____ Email Address _____
(best contact number, home or cell)

Parent's Name (2) _____

Occupation _____
(former occupation, if not currently employed)

Phone Number _____ Email Address _____
(best contact number, home or cell)

As a cooperative nursery school, we all contribute to the general welfare of our school by serving on a committee. No one person is overburdened with committee responsibilities when each person does his or her share. This spirit of cooperation ensures the smooth operation of our school as an effective learning place for our children. Please answer the following questions for both parents.

In what ways do you hope to support our cooperative?

Have you been involved in this or another cooperative nursery school before? In what capacity?

Would you be interested in chairing any of the committees, and if so, which one?

Would you be interested in serving on the Executive Committee, and if so, which position?

Do you have any typing skills?

Do you have bookkeeping skills?

Do you have other skills/experience you would like to contribute?

Are you a member of a firehouse or other organization that has a hall available to the public? (please specify)

Clifton Park Nursery School

COMMITTEE PREFERENCE FORM

Child's Name _____ Class _____

Please read through the committee descriptions on the previous pages. Each parent should then indicate their preferences, numbering choices from 1 (most preferred) to 5 (least preferred) in order of preference. While we cannot guarantee that you will get your first choice, we will endeavor to do our best to accommodate you.

Committee	Parent 1 Name _____	Parent 2 Name _____
Fundraising	_____	_____
Hospitality	_____	_____
Projects	_____	_____
Housekeeping	_____	_____
Buildings and Grounds	_____	_____

Other Questions (please describe relevant skills or experience):

Do you have any special handyman skills such as painting, carpentry, plumbing, etc.?

Do you have a connection to the Shenendehowa Pre-School PTA or Scholastic Books?

Do you have experience with web design or publicity?

Do you have access to professional or other discounts, and if so, at which stores?

Do you have any legal experience or experience with grant writing?

Do you have a snowplow (truck or jeep-type) capable of clearing our parking area?

Clifton Park Nursery School

HEALTH CERTIFICATE

Child's Name _____ Class _____

This form must be completed and signed by your physician and returned no later than August 1.

=====

Examining Physician _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

1. Please indicate any findings on the physical examination of this child, which should be brought to the attention of the school.

2. If this child is to have any modification or limitation of the physical activity in the school program, please indicate the situation and the extent of such restrictions.

3. Please include any allergies or reactions this child may have.

4. New York State requires certain immunizations for children attending nursery or pre-kindergarten classes. Please indicate dates of the following:

Oral Polio (3 or more doses): I _____ II _____ III _____ Boosters _____

DPT (3 or more doses): I _____ II _____ III _____ Boosters _____
(Diphtheria, Tetanus, Whooping Cough. DPT)

Measles: _____ Mumps: _____ Rubella _____

HIB: _____ (If given at age 15 months or older)

Hep B: I _____ II _____ III _____
(Required if born on or after 1/1/93 - recommended for all children)

Varicella: _____
(required for children born after 1/1/2000 OR documentation as having had the disease by a physician, if unsure documentation of serologic immunity)

Date of Examination*: _____ Signature: _____

*Examination must take place within 1 year prior to the beginning of the school year.

Clifton Park Nursery School

DELEGATION OF PARENTAL CONSENT FOR MINOR CHILDREN

Undersigned, being the parent(s) of _____, a minor, do (does) hereby authorize and empower Barbara Adams, Teacher of the Clifton Park Nursery School, or her designee, to be undersigned's agent and attorney-in-fact to consent to such medical, dental, and surgical care and hospitalization as said agent shall deem necessary for the above-named minor, provided the same is recommended by and is rendered under the general or special supervision of any physician, dentist, or surgeon (or insert the name of specific physician or dentist desired) _____ or a hospital.

It is understood that this delegation is given in advance of any specific need for treatment, but is given to provide authority on the part of said agent to give specific consent to any and all medical, dental, and/or surgical care and hospitalization which the above-mentioned physician or surgeon of hospital may, in its best judgment, deem advisable of said minor.

Any physician, dentist, or surgeon or hospital, who has had delivered to it a copy of this delegation, is hereby requested to honor the consent of the aforesaid agent for treatment to said minor to the same extent as if said consent had been made by the undersigned.

This authorization shall remain effective until _____.
(For one to three years)

This section must be completed and signed in the presence of a Notary Public.

_____	_____
Date	Parent 1

	Parent 2

	Address

Sworn to before me this _____	day of _____, _____.
	(Day) (Month) (Year)
_____	_____
Notary Public	Telephone Number

Please list your preferred doctor, dentist, and hospital:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____