



The Clifton Park Nursery School
344 Moe Road
Clifton Park, N.Y. 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 8 for the 2-year-old classes and 13-15 children in the 3 and 4-year-old classes. Our class schedule is:

	Tuesday & Thursday	Monday, Wednesday & Friday
morning	3 year old class 9:00-11:30am	4 year old class 9:00-11:30am
afternoon	2 year old class 12:30-2pm	3 /4 year olds class 12:30-3:00pm

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 www.cliftonparknurseryschool.org. You can also leave a message for the Registrars at by phoning 371-5850.

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

Sincerely,

Jennifer Duncan
Gina Moran
Co-Registrars

Dear Parent:

Enclosed is the Registration Packet for Clifton Park Nursery School for the 2010-2011 school year. The Packet includes the following forms:



2011

1. Registration Form
2. Emergency Information Form
3. Parents' Creed and Contract (2)
4. Committee Explanation Sheet
5. Committee Preference Information
6. Committee Preference Form
7. Health Certificate
8. 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 me immediately.

These forms must be accompanied by the non-refundable Registration Fee of \$50.00 plus a security deposit equal to one month's 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	2 year old class \$50 registration fee + \$80 security deposit = \$130 with forms*	3/4 year old class \$50 registration fee + \$125 security deposit = \$175 with forms*

The Security Deposit will be applied to your May 2011 tuition. The Security Deposit/Advance May 2011 tuition will be refunded should your child be withdrawn from school prior to September 1, 2010. 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, 2010.

It is important to note that your position will be held only once all fees are paid and all forms (except the 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 thoroughly completed 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 & Gina Moran
Registrars, Clifton Park Nursery School

*These are the 2010-2011 tuition rates.

**Clifton Park Nursery School
REGISTRATION FORM**

Child's Name _____ Class _____
Last First Middle Nickname (if any)

Date of Birth _____ Sex (circle) Male Female

Parent's Name _____ Parent's Name _____

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 _____ Bus. Phone _____

Work address _____

Parent's Employer _____ Bus. Phone _____

Work address _____

Class Session Preferred (Circle One Only):

3 year olds: T/TH AM

2 year olds: T/TH PM

4 year olds: M/W/F AM

3/4 year olds: M/W/F PM

Sibling Information (if applicable):

<u>Name</u>	<u>Age (D.O.B.)</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you expect your child to be toilet trained by September? _____
(It is fine if he or she is not)

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

Where? _____ Reason for leaving _____

Clifton Park Nursery School does not discriminate on the basis of race, religion, or sex.

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?

IN CASE OF EMERGENCY

List three persons 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.

1) Name _____ Relationship _____

Address _____ Phone _____

2) Name _____ Relationship _____

Address _____ Phone _____

3) Name _____ Relationship _____

Address _____ Phone _____

MEDICAL INFORMATION

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

We, _____, 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	2 year old class \$80 *	3/4 year old class \$125 *

6. To provide a healthy, nut free snack and beverage for your child.
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. _____ use the fundraising option, in lieu of participating in any fundraising. This is a figure based upon the average yearly fundraising goal divided by the number of families.
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.

Parents' signatures required:

Date

Parent

Parent

Please keep one copy, and return one copy.

*All fees are subject to change. These are the 2010-2011 rates.

Clifton Park Nursery School
PARENT CREED AND CONTRACT

We, _____, 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	2 year old class \$80 *	3/4 year old class \$125 *

6. To provide a healthy, nut free snack and beverage for your child.
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. _____ use the fundraising option, in lieu of participating in any fundraising. This is a figure based upon the average yearly fundraising goal divided by the number of families.
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.

Parents' signatures required:

Date

Parent

Parent

Please keep one copy, and return one copy.

*All fees are subject to change. These are the 2010-2011 rates.

Clifton Park Nursery School
COMMITTEE EXPLANATION SHEET

PRESCHOOL PTA REPRESENTATIVE (1) This person attends the Shenendahowa Preschool PTA meetings monthly and acts as a liaison between CPNS and the Association. The PTA meets monthly to plan activities for preschoolers in the area.

BOOK CLUB (1) This person solicits, orders and distributes the books selected by parents from the Scholastic Book Service.

FUNDRAISING (5+) This is one of the most important committees. While fundraising is everyone's responsibility, a separate fundraising committee is needed to help with fundraising activities throughout the year, including the mandatory annual Auction. Proceeds go toward maintenance of the buildings and grounds, purchasing new equipment, and maintaining our school's operations.

WEB PAGE (1) This person regularly updates and maintains our web page in conjunction with our web page provider.

HOSPITALITY (5+) This committee plans and oversees social events, including the Welcome Picnic, Pumpkin Carving, and Pot Luck Dinner. The members arrange for refreshments and paper products, and set-up/cleanup for functions as needed, and may work the refreshment table during events. Please note that hospitality supplies (coffee, food, paper products, etc.) are purchased with school funds.

INTERIOR MAINTENANCE (5+) This committee is responsible for general maintenance of the interior of the school. This includes regular checks to ensure that the school and its contents are in good condition; and if necessary, repair of items, such as tables, chairs, shelves, toys, costumes, curtains, smocks, etc. Interior maintenance is also responsible for plumbing, electrical work, and interior carpentry or painting, as the need arises.

PURCHASER (1) This person is given a list of supplies from the teacher on a regular basis, and purchases those supplies using school funds.

CLASS PARENTS (4) One class parent is needed for each class. Class parents are responsible for providing information to their classes regarding trips, parties, and other events. They prepare and distribute the monthly Helping Parent schedules for their class, and find a substitute for the teacher in an emergency. They may also organize "class coffees" for the parents in their class. Please note that attendance at School Meetings is strongly encouraged and helpful.

BUILDINGS AND GROUNDS (10+) Responsibilities of this committee include: exterior painting, carpentry, gardening, repair of playground equipment and toys, raking, lawn mowing, and snow shoveling. The chairperson regularly inspects the building and grounds for needed repairs and maintenance. Members may be called upon prior to school start up if immediate repairs are needed. Members are assigned monthly lawn mowing or weekly snow shoveling duties as needed.

PUBLICITY (1) This person handles the publicity of various school activities and events through newspapers and press releases; creates publicity signs and flyers as needed; and posts signs at strategic locations prior to events. S/he also maintains the sign on the outside of the school building

HOUSEKEEPING/WEEKEND CLEANING (10+) The members of this committee clean the school each weekend on a rotational basis. The cleaning takes place any time between the end of the school day on Friday and 8 a.m. Monday. This includes cleaning the sinks, lavatory, toys, chairs, and tables; vacuuming the rugs; washing the floor; and one area of concentration which changes weekly to ensure a thorough cleaning of our school. They also help to clean over breaks.

EXECUTIVE COMMITTEE

The Executive Board oversees all aspects of administration and maintenance at CPNS. All terms run May to May with three exceptions. One Registrar position, one Treasurer position, and one Co-Chair run from December to December in order to provide continuity. Anyone interested in serving on the Executive Committee may contact a Co-chair for information. Serving on the Executive Committee fulfills a parent's committee responsibility. All families are responsible for fundraising throughout the year.

CO-CHAIRPERSONS (2)
CO-TREASURERS (2)
FUNDRAISING CHAIR (1)

VICE-CHAIRPERSON (1)
REGISTRARS (2)
SECRETARIES (1)

Clifton Park Nursery School
COMMITTEE PREFERENCE INFORMATION

Child's Name _____ Class _____ Home Phone _____

Parent 1 Name _____

Parent 2 Name _____

Occupation _____
(former occupation, if not currently employed)

Occupation _____
(former occupation, if not currently employed)

Cell# _____ E-mail _____

Cell# _____ E-mail _____

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, read through the committee descriptions on the following pages. Then, each parent should indicate his and her top three (3) preferences, and please number your choices 1 to 3. While we cannot guarantee that you will get your first choices, we will endeavor to do our best to accommodate you. Please, answer the following questions for both parents. Thank you.

In what ways do you hope to support our cooperative pre-school? _____

Have you been involved in this or another cooperative nursery school before? _____

In what capacities were you involved: _____

Would you be interested in chairing any of the committees? _____

If so, which one? _____

Would you be interested in serving on the Executive Committee? _____

Do you have any typing skills? _____ Do you have bookkeeping skills? _____

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

Do you have access to professional discounts? _____

If so, at which stores?

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**

Family Name _____ Class _____

<u>Committee</u>	<u>Parent 1</u>	<u>Parent 2</u>
Fundraising-----	_____	_____
Interior Maintenance-----	_____	_____
Hospitality-----	_____	_____
Class Parent-----	_____	_____
Summer Lawn Cutting Committee-----	_____	_____
Building and Grounds-----	_____	_____
Housekeeping/weekend cleaning-----	_____	_____

State specialty (i.e. painting, carpentry, etc.) _____

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

Do you have experience with web design or publicity? _____

Do you have access to professional discounts? _____
If so, at which stores?

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

Clifton Park Nursery School
344 Moe Road
Clifton Park, NY 12065

HEALTH CERTIFICATE

Please make sure this form is signed by a physician and returned no later than August 1st

_____ Child's Name (please print)
Examining Physician (please print)

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: _____

*Note: 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)

<i>This section must be completed in the presence of a Notary Public.</i>	
_____	_____
Date	Parent

	Parent

	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 No. _____

Dentist: _____ Phone No. _____

Hospital: _____