

Welcome to Clifton Park Nursery School! "The Little Red Schoolhouse"



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

Clifton Park Nursery School is a cooperative nursery school with a family-centered program. The parents, children, teachers assistant, 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.

Each child will have a personalized experience that starts with an optional home visit to our new families prior to the first day of school. The teacher will meet the children, read them a story, and make them feel welcome right from the start. Our small classes help the teacher to know each child and encourage them personally. Parent-teacher conferences are held during the school year.

Our class information is as follows:

4 Year Old Class (maximum of 16 children)		
Mon/Wed/Fri	9:00-11:30am	\$65 registration + \$180 deposit + \$55 activity & supply fee = \$300 with forms*
3 Year Old Class (maximum of 16 children)		
Tue/Thu	9:00-11:30am	\$65 registration + \$140 deposit + \$40 activity & supply fee = \$245 with forms*
Preschool Prep Class for ages 18 months up to 3 years (maximum of 10 children)		
Tue/Thu	12:15-1:15pm	\$65 registration + \$70 deposit + \$25 activity & supply fee = \$160 with forms*
4 Year old 5 day class option (to join with 3s for multi-age learning on T/Th)		
Mon - Fri	9:00-11:30am	\$65 registration + \$265 deposit + \$55 activity & supply fee = \$385 with forms*

*These are the 2019-2020 tuition rates. *All checks should be made payable to Clifton Park Nursery School.*

The Registration Process

All registration forms must be completed and returned to us along with the fees explained above in order for your application to be considered complete. The only exception is the Health Certificate, which must be returned by August Orientation.

The registration fee is non-refundable. The deposit will be applied to your Sept 2019 tuition, and will be refunded should your child be withdrawn from school prior to Sept 1, 2019. It is non-refundable after that time. The Oct tuition is due by Sept 15, 2019. ***Your position will be held only once all fees are paid and all forms are filled out completely. (excluding Health Certificate)***

Please forward all forms and registration fees to the Registrar at our address listed above.

Thank you so much and we look forward to having your family join our cooperative school community!

Sincerely,
The Executive Board
Clifton Park Nursery School

Last update: February 2019

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

2019-2020 School Year

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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 Selection:

4 Year Old M/W/F- AM

Preschool Prep T/Th- PM

3 Year Old T/Th - AM

4 Year Old M-F - AM

Sibling Information (if applicable)

First Name	Age	Date of Birth	School
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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 _____

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EMERGENCY INFORMATION FORM

Child's Name _____ Class _____

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.

PHOTO RELEASE FORM

By signing this form, I give Clifton Park Nursery School the permission to photograph my child and use his or her picture for the school's website and Facebook page. Clifton Park Nursery School will never publish a child's name with any of its publications.

Child's Name: _____

Parent's Signature: _____

Date: _____

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PARENT CREED AND CONTRACT

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 provide transportation for our child to and from school at the designated class times.
2. To chaperone and provide transportation for field trips, as required.
3. To actively complete family responsibilities and required tasks.
4. To pay monthly tuition as follows by the 15th of the prior month. To pay a late fee of \$10 after the first of the month.

4 Year Old Class:		
Mon/Wed/Fri	9:00-11:30am	\$180/month
3 Year Old Class:		
Tue/Thu	9:00-11:30am	\$140/month
Preschool Prep Class (18 mths - 3 Year Old Class):		
Tue/Thu	12:15-1:15pm	\$70/month
4 Year old 5 day class		
Mon - Fri	9:00-11:30am	\$265/month

*All fees are subject to change. These are the 2019-2020 rates.

5. To provide a healthy, nut free snack.
6. To follow the Constitution and By-laws of Clifton Park Nursery School.
7. 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 fundraising. This will be determined based on the fundraising goals of each mandatory fundraiser.
8. To attend scheduled meetings as required.
9. To notify the school at least one month prior to leaving the school should the need to withdraw from the school arise.
10. To participate in school elections.

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

 Date

 Parent 1

 Parent 2

***RETURN THIS COPY (Your copy will be in your Orientation folder for your own records.)**

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FAMILY RESPONSIBILITIES SHEET

1. **FUNDRAISING** Each family has a major role in fundraising. Proceeds go towards ensuring the school’s maintenance and operational needs are met and purchasing new equipment and supplies. The Auction is our main fundraiser for the year, and it is mandatory for at least one family member to attend.

There will be other seasonal fundraisers and “family fun nights” throughout the year in which families are expected to participate and promote within their personal or business networks. There is an opt out fee for all fundraisers to be determined by the Executive Board. Contact a board member for more information.

2. **SCHOOL MAINTENANCE** Families will each be assigned on a rotating schedule, wherein they will be responsible for maintenance around the school. This work could include yard work or snow removal, and Cleaning the interior of the school one the weekend.

3. **WORK DAYS** Three weekend days a year, we schedule planned work days to get the school ready for the coming season. Each family is required to attend one of these work days, although families are welcome to attend more. These days include doing a deep clean inside the school, yard work, painting, outside carpentry, trimming bushes, repair of playground equipment, and cleaning of the sheds and playground equipment.

Volunteer

CLASS PARENT

During each class session, a parent assists the teacher so that there are always two adults present. This is for safety and legal reasons. If you are able to volunteer for this, you would serve as class parent in your child’s class on a rotating schedule with other parents. You would assist the teacher with the day’s activities, help to clean the school, and engage with the children. *Those who are able to volunteer will receive a tuition reimbursement that is to be decided based on volunteer availability.* If you are unable to serve as class parent, that is fine.

Executive Board:

The Board is a very important part of running the school. We welcome all who are interested in being more involved in the school.

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. The families on the board are omitted from School Maintenance Obligations.

CO-CHAIRPERSONS (2)

VICE-CHAIRPERSON (1)

TREASURER (2)

REGISTRAR (2)

FUNDRAISING CO-CHAIR (2)

SECRETARY (2)

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QUESTIONNAIRE

Child's Name _____ Class _____

As a cooperative nursery school, we all contribute to the general welfare of our school by serving in different ways. No one person is overburdened with 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.

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? i.e. see below

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

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?

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

Would you be available to be put on a schedule as Parent Helper in class?

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HEALTH CERTIFICATE

Child's Name _____ Class _____

This form must be completed and signed by your physician and returned no later than the start of school.

=====

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 _____
(IPV/OPV)

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

Measles, Mumps & Rubella (1 dose): _____
(MMR)

HIB: _____
(1 dose if given at age 15 months or older, otherwise 3 doses)

Hep B (3 doses): I _____ II _____ III _____

Pneumococcal Conjugate Vaccine (4 doses): I _____ II _____ III _____ IV _____
(PCV)

Varicella: _____
(Chickenpox) (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.

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DELEGATION OF PARENTAL CONSENT FOR MINOR CHILDREN

Undersigned, being the parent(s) of _____, a minor, do (does) hereby authorize and empower the teacher of the Clifton Park Nursery School 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: _____

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Hospital: _____