

St. Stephen's Nursery School
2022-2023 Application for Admission

Child's Name: _____

Date of Birth: _____ Child's Current Age: _____

Parent/Guardian Names:
(As you wish them to appear on class lists)

Address: _____

City: _____ Zip Code: _____

Father cell phone # _____ Mother cell phone # _____

E-mail Address: _____

School District of Residence : _____

**Above information is published on class lists. Please let us know if you would like your information kept confidential.*

*Please Check the class selection for which you are applying. We will make every effort to honor your requests and/or place your child in an age appropriate group. We reserve the right to make a placement based on teacher recommendations. **Any classes that do not meet enrollment requirements will be canceled and affected families will be notified. If necessary, another Three-year-old class will be added***

_____ 3' s Class- Tuesday/Thursday or Monday/Wednesday - 9:00am-11:30am

_____ Full Day Class - 8:30am-2:30pm or 8:40 am – 2:40 pm

_____ Pre-K Counts! Class M-F (**Scholarship Program**) 8:50am-2:20pm (lunch / snack provided)

Does your child currently receive or, has in the past received, **Early Intervention Services**?
If yes, please explain:

Is your child currently on an **IEP**? Yes _____ No _____
If yes, please supply a copy to school

PLEASE READ AND GIVE YOUR INFORMED CONSENT.

I agree to the following:

I have enclosed with this application a **\$95 registration fee**. I understand this is a
Non-refundable fee that is not part of any tuition payment.

I agree to pay my child's tuition based on the tuition schedule included with this packet of information.

I will complete and return all necessary registration forms **on or before August 15, 2022**

I will return Child Health Report complete with physician's signature by the end of the
first week of the 2022-2023 school year. I understand my child cannot be otherwise admitted.

I understand that St. Stephen's Nursery School operates from **September through May**.

I understand that St. Stephen's Nursery School reserves the right to cancel any class due to low enrollment and issue a pro-rated refund of any tuition monies paid prior.

I agree to provide nut-free snack (including food, beverage, and paper products) for the class on a rotating monthly basis.

I understand my child must be potty trained to attend school

By signing this application, I am giving consent:

For my child's information to be published on class lists.

For my child to utilize the playground equipment.

For my child to be taken on supervised walks around the campus.

For my child to be photographed or recorded and/or voice recorded during activities related to St. Stephen's Nursery School. I grant permission to use my child's likeness and/or voice without restriction for the purposes of promoting St. Stephen's Nursery School in print, projection, internet web site, video and/or future media market.

To receive electronic communication via E-Mail.

For my child to use hand sanitizer at times during the school day.

{This does not replace soap & water at restroom time or before and after snack}

Parent/Caregiver Signature: _____

Printed Name: _____ Date: _____



St Stephen's Nursery School
1070 Dutch Rd
Fairview PA 16415
814-474-4773
nurseryschool@ststephens-fairview.org

EMERGENCY CONTACT INFORMATION

CHILD'S INFORMATION:

Name: _____ DOB: _____

Primary Address: _____

Father Phone: _____ Mother Phone: _____

Home Phone: _____

MEDICAL INFORMATION:

Primary Care Physician: _____ Phone: _____

PCP Address: _____

Insurance Name: _____ ID No.: _____

Dentist Name: _____ Phone: _____

Dental Insurance Carrier: _____ ID No.: _____

(SSNS) is authorized to obtain emergency transportation to and/or emergency medical care for the above listed child at the nearest hospital's emergency room, or at the emergency room the EMS/Ambulance Service is required to transport patients to at the time of emergency.

Parent's Printed Name

Date

Parent's Signature

Please attach a separate sheet of paper for additional Medical Professional information as necessary due to your child's unique medical needs including any specialists and/or therapists that we may need to contact to serve your child's best interests. No contact with a medical professional will be made by this SSNS without first obtaining specific written permission from the parent(s).

EMERGENCY CONTACT INFORMATION CONTINUED

MOTHER/GUARDIAN'S INFORMATION:

Name: _____ Phone: _____

Home Address: _____

Email:

Employer Name: _____ Phone: _____

Employer Address: _____

Work Schedule: Days & Hrs: _____

FATHER/GUARDIAN'S INFORMATION:

Name: _____ Phone: _____

Home Address: _____

Email:

Employer Name: _____ Phone: _____

Employer Address: _____

Work Schedule: Days & Hrs: _____

AUTHORIZATION TO RELEASE CHILD

CHILD'S NAME: _____ CLASSROOM: _____

In case of an emergency, or if I am unable to pick up my child I, _____ parent/guardian authorize (SSNS) to release the above referenced child to the following persons. I understand that no further written authorization from me is required for my child to be released to one of the persons listed herein. **I understand that additions or deletions to this list must be submitted in writing for this agency to honor them.** Parents, due to the nature of the parental relationship, need not be included on this form. Parents, as a matter of law, are afforded the right of immediate access to their children while attending St. Stephen's Nursery School. Please refer to the Parent Handbook for more information on the Release of Children and Custody Orders. If there is an issue with a parent picking up this child please discuss it with the SSNS director so the appropriate documentation can be obtained.

Parent/Guardian's Signature

Date

Please include anyone upon whom you may call in an emergency to help you with picking up your child. We have given three spaces, please copy this form or use additional pages as necessary. For the safety of your child, please inform all authorized pick up persons listed herein that we will ask for a government issued photo ID when they arrive to pick up your child. If they do not have a government issued photo ID with them we WILL NOT release your child to them under any circumstance.

NAME:	RELATIONSHIP TO CHILD:
DRIVERS LICENSE NO.:	HOME PHONE:
CELL PHONE:	WORK PHONE:

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CHILD/FAMILY HISTORY

(SSNS) requires this information to assist the staff in making your child's time with us as positive and interactive as possible. The questions listed here are a guide. If you feel there is anything we should know about your child, in order to provide a safe and effective child care experience, please use the back of this form or an additional sheet of paper to elaborate. (SSNS) is committed to offering each child and family a positive, safe and interactive child care experience. Cooperation with each child's parent(s) and/or guardian(s) is necessary to accomplish this commitment.

CHILD'S NAME: _____ DOB: _____

NAME & AGE OF SIBLINGS: _____

CHILD'S FAVORITE TOY: _____

PLEASE LIST ALL PERSONS WHO LIVE WITH CHILD & THEIR RELATIONSHIP TO CHILD: _____

PLEASE DESCRIBE ANY PREVIOUS EXPERIENCE CHILD HAS IN CHILD CARE/PRESCHOOL/FORMAL GROUP EXPERIENCES (SPORTS, DANCE, GYMNASTICS, ETC.): _____

HAS CHILD COMPLETE CONTROL OF All Bodily Functions? _____

SPEECH ENUCIATION: Distinct, Understandable (*please circle one*) _____

DOES YOUR CHILD SPEAK IN COMPLETE SENTENCES? _____

PLAY: Does your child prefer to play alone, with adults or other children? _____

How does your child get along with friends? _____

ANY PERTINANT FACTS TO HELP US BETTER UNDERSTAND YOUR CHILD MIGHT BE ADDED HERE: _____

DOES THE CHILD HAVE ANY SPECIAL NEEDS? PLEASE LIST ANY SOCIAL, EMOTIONAL, BEHAVIORAL, PHYSICAL, OR LEARNING DISABILITIES. MEDICAL REQUIRMENTS, FOOD OR ENVIRONMENTAL ALLERGIES.

Does your child currently have an IEP: yes/no If yes please explain:

Did your child ever have an IEP or receive early intervention services: yes/no If yes please explain: _____

St. Stephen's Nursery School complies with all laws & regulations regarding servicing children with special needs including but not limited to the Americans with Disabilities Act. St. Stephen's Nursery School will provide a reasonable accommodation for those children who have a documented disability and whose parents work closely with St. Stephen's Nursery School to determine a reasonable accommodation.

IS THERE A COURT ORDER AFFECTING THIS CHILD? _____ YES _____ NO

IF YES, PARENT/GUARDIAN **MUST PROVIDE A CERTIFIED COPY** OF COURT ORDER BEFORE CHILD MAY ATTEND PROGRAM. IF NO, PLEASE BE AWARE THAT AS PER THE LAW, BOTH PARENTS WILL BE AFFORDED IMMEDIATE ACCESS TO THE CHILD. PLEASE REFER TO PARENT HANDBOOK FOR FURTHER EXPLANATION OF THIS POLICY OR SPEAK WITH CENTER DIRECTOR.

Unlimited Personal Release Agreement for Enrolled Child

Child's Name: _____ **DOB:** _____

For Consideration which I acknowledge, I _____ **(Parent's Name)** irrevocably grant to SSNS and their assigns, licensees and successors the right to use my child's image and/or voice and name in all forms and media including composite or modified representations, as well as my child's artwork for all purposes, including advertising, trade or any commercial purpose throughout the world and in perpetuity. I waive the right to inspect or approve versions of child's image used for publication or the written copy that may be used in connection with the images. I release the SSEC/SSNS and there assigns, licensees and successors from any claims that may arise regarding the use of my child's image including any claims of defamation, invasion of privacy or infringement of moral rights, rights of publicity or copyright. SSEC/SSNS is permitted, although not obligated, to include my child's name as a credit in connection with the image. SSEC/SSNS is not obligated to utilize any of the rights granted in this Agreement. I have read and understand this agreement and I am over the age of 18. I am the parent or legal guardian of _____ **(Child's Name)** and I have the legal right to consent to and do consent to the terms and conditions of this release.

This Agreement expresses the complete understanding of the parties.

Printed Name: _____ **Date:** _____

Signature: _____

Address: _____

St. Stephen's Nursery School Hand Sanitizer Permission Form

Hand Sanitizer may be used as the children enter the classroom or when they use a tissue. At all other times (for example before and after snack, or following bathroom use) we would wash hands in the sink with soap, water and dry with a paper towel.

I/we give permission for _____ **(Child's Name)** to use hand sanitizer pumped and supervised by the teacher.

Printed Name: _____ **Date:** _____

Signature: _____