

BUSY BEACH



DAY CARE CENTER, INC.

**777 SEAVIEW AVENUE, BLDG. #11
STATEN ISLAND, NEWYORK 10305**

OFFICE #: (718) 667-2861

FAX #: (718) 667-2538

Cover Sheet/Check List for Enrollment Folder

For office Use, Only

The following papers must be signed and submitted prior to enrollment:

- Application Page (and proof of union affiliation is applicable).
- Medical history, (including immunization record, signed and dated by the child's pediatrician). *The medical history must be updated every six months for the children two and under and once a year from the children over two.*
- Emergency contact form and authorization for emergency medical treatment. *Emergency contact form must be updated as needed.*
- Enrollment Statement
- Parent Agreement, (confirming receipt and acceptance of the Parent Handbook guidelines).
- Consent for Photographing Child(ren)
- Extended Care Registration (If Applicable)
- Formula Consent (For Infants 3mths-12mths Only)
- Daily Food Schedule (For Infants 3mths-12mths Only)

For informational purposes only:

- Parent Handbook (Available at in house enrollment only).
- List of Things to Bring to School
- Schedule for School Closings
- Tuition Fee Schedule


The enrollment process is as follows:

- Tour of the school, which includes meeting the teachers, seeing the classroom, and observing the group
- Completing the Enrollment Packet
- Arranging Transition Visit(s) and Starting Date:

Transition Dates: _____, _____ & _____ **Start Date:** _____

- Paying initial fees, including

The Registration Fee:	_____
The Annual Supply Fee	_____
Two Week Deposit:	_____
Current Bi-Weekly Fee:	_____
Total Due:	_____

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Enrollment Statement and Signature Sheet

Child's Name: _____ enrollment at Busy Beach Day Care Center, Inc.
is effective as of : _____.

I, the undersigned, take responsibility for the prompt payment of tuition for my child's care at the Busy Beach Day Care Center. I have read and understood all the policies and procedures of the Busy Beach Day Care Center, Inc. outlined in the Parent Handbook. I hereby agree to comply with them. I understand that, should they not be followed, I may be asked to remove my child from the center.

Parent/Guardian's Signature

Date

.....
For Center use only:

Child withdrawn on: _____

Reason:

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CONSENT FOR PHOTOGRAPHING

We may be publicizing the program through posters, brochures, television, newspaper articles, special events (such as the expo at the Staten Island Mall), Busy Beach Website and other publications. We will not use your child's name or photograph without specific written permission.

CHILD'S NAME: _____

I, Will Will not, allow my child to be photographed/video-taped for use in publicity materials and/or special events.

I, Will Will not, allow Busy Beach to publicize/display my child's art work on the Busy Beach Website.

Parent's Name (Please Print)

Date

Parent's Signature

Relationship to Child: _____


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EXTENDED CARE REGISTRATION FORM
<POST ENROLLMENT>

Extended care services AM session (7:00 -7:30 AM) and PM session (5:30-6:00 PM) can be pre-registered at a discounted rate of \$4.00 per session. If you do not register and wish to utilize this service as needed, then you will be charged the drop in rate of \$6.00 per session. You will receive a separate invoice for drop in services, pre-registered extended care services will be included into your tuition rate. Please check off which session you require and return to our office. Registration and reduced rates will become effective in your next 2 week tuition cycle. Please note, any parent that drops off their child prior to 7:30 am and remains in the class with them will still be charged the extended care service rate. Also, refer to our late pick up policy in the newly revised parent handbook. At no time should your child be picked up after 6pm. In an event of an emergency your emergency contacts will be notified to pick up your child.

EXTENDED CARE SERVICES

(Please check which day and session you are pre-registering)

Child's Name: _____

Class: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM Session <input type="checkbox"/> (7:00 - 7:30 AM)	AM Session <input type="checkbox"/> (7:00 - 7:30 AM)	AM Session <input type="checkbox"/> (7:00 - 7:30 AM)	AM Session <input type="checkbox"/> (7:00 - 7:30 AM)	AM Session <input type="checkbox"/> (7:00 - 7:30 AM)
PM Session <input type="checkbox"/> (5:30 - 6:00 PM)	PM Session <input type="checkbox"/> (5:30 - 6:00 PM)	PM Session <input type="checkbox"/> (5:30 - 6:00 PM)	PM Session <input type="checkbox"/> (5:30 - 6:00 PM)	PM Session <input type="checkbox"/> (5:30 - 6:00 PM)

Total Number of Sessions: _____ @ \$4.00 per session = \$ _____ per week.

"I understand that the above weekly extended care fees will be added to my child's bi-weekly tuition rate and I am therefore responsible for including into my payment. If I should have any questions regarding the appropriate rate I may contact the Busy Beach Administrative office at any time."

Parent Name & Signature

Date