



WELCOME TO OUR FAMILY

Dear Families:

We are pleased to welcome you into our family here at Sunny Skies/PHA and thank you for having chosen us to provide your child with care and education that will benefit your family for a lifetime to come; it is our absolute pleasure to serve you.

Please find enclosed registration package with instructions, that need to be fill out an return to the office.

If you have any questions feel free to contact us at any time at 718-372-4665 or stop by the office during drop off or pick up time.

Thank you very much for your assistance and we hope to continue serving you for years to come.

Shabtai Simon
Executive Director



CHILD REGISTRATION REQUIREMENTS- REQUERIMIENTOS DE INSCRIPCION- 2021-2022

- Registration Form completed/ Consent Forms signed
 - Child's Birth Certificate
 - Child's Medical Form completed
 - Child's Dental Form completed
 - Copy of Parents government photo ID **or** Passport
-

o Formulario de inscripción completo Formas / consentimientos firmado

DEBE ESTAR EMITIDA AL MENOS EN UN PLAZO NO MAYOR DE 60 DIAS *

o Certificado de Nacimiento del Niño

o Formulario médico del niño@ completo (EXAMEN ANUAL FISICO)

o Formulario Dental del Niño@ completado (EXAMEN DENTAL CADA 6 MESES)

o Copia de documentro de Identificacion con foto del padre/madre o tutor o el pasaporte.



Child's Name: _____		DOB: _____	
Nickname: _____		Social Security #: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Primary Home Address: _____			
Child's Primary Residence (check one):			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian			

PARENTS IS/ARE ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed **CHILD LIVES WITH** ☐ Both Parents ☐ Father ☐ Mother

Parent1/Guardian 1 _____ Relationship to child: _____ DOB: _____ Address _____ Home () _____ Cell() _____ Email _____ Text Messaging(Please Initial) I hereby permit Sunny Skies Preschool PHA to text message my cell number only when important announcements must be communicated, such as emergencies, school closings and other events that will affect my child's care.	Parent2/Guardian 2 _____ Relationship to child: _____ DOB: _____ Address _____ Home () _____ Cell() _____ Email _____ Text Messaging(Please Initial) I hereby permit Sunny Skies Preschool PHA to text message my cell number only when important announcements must be communicated, such as emergencies, school closings and other events that will affect my child's care.
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EMERGENCY CONTACT 1

Name _____	DOB: _____	Relationship to child _____
Tel() _____ Note: _____		

EMERGENCY CONTACT 2

Name _____	DOB: _____	Relationship to child _____
Tel() _____ Note: _____		

CHILDS DOCTOR & MEDICAL INFORMATION

Name _____	Address _____	Tel() _____
Any medical problems <input type="checkbox"/> YES <input type="checkbox"/> NO _____		
Medications <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Allergies <input type="checkbox"/> YES <input type="checkbox"/> NO _____		

PICK UP INFORMATION (aside from Mother/Father)

Name _____ Relation to child _____ DOB: _____ Tel() _____	Name _____ Relation to child _____ DOB: _____ Tel() _____
Name _____ Relation to child _____ DOB: _____ Tel() _____	Name _____ Relation to child _____ DOB: _____ Tel() _____

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of retainer.

Parent1/Guardian 1 Signature	Date
Parent2/Guardian 2 Signature	Date



Authorized Escorts List Form

The New York City Health Code requires child care centers to obtain and maintain, for every child, a list of all persons authorized by the parent/ guardian to escort the child from child care. The child care center shall not release any child to any individual who has not been identified by the parent/ guardian as a person who is authorized to escort a child out of the center.

Instructions: The parent/ guardian must complete, sign, and return this form to the child care center upon enrollment and update this form immediately when there is any change in authorized escort information.

I, _____, authorize this child care center to release my child,
(parent/ guardian name)
_____, to the individuals I have identified below.
(child name)

Name:			
Relationship to child:			
Home address:			
Preferred contact:	<input type="checkbox"/> Mobile/Cell Telephone <input type="checkbox"/> Text (Mobile)	<input type="checkbox"/> Home Telephone <input type="checkbox"/> E-mail	<input type="checkbox"/> Work Telephone
Telephone:	Mobile/Cell:		
	Home:	Work:	
E-mail:			

Name:			
Relationship to child:			
Home address:			
Preferred contact:	<input type="checkbox"/> Mobile/Cell Telephone <input type="checkbox"/> Text (Mobile)	<input type="checkbox"/> Home Telephone <input type="checkbox"/> E-mail	<input type="checkbox"/> Work Telephone
Telephone:	Mobile/Cell:		
	Home:	Work:	
E-mail:			

Parent/ Guardian Signature: _____

Date: _____

In accordance with the requirements of the New York City Health Code, Article 47, Section 47.57(h)(1) child care centers must obtain and maintain for every child a list of the name, relationship to child, address and contact information of every person the parent has authorized to escort a child from the child care service. The permittee shall not release any child to any individual who has not been identified by the parent(s)/guardian(s) as a person who is authorized to escort a child out of the service.

Bathroom Policy Consent Form



Dear Parent,

It is important that you are aware that we encourage independence in the bathroom. We will most often encourage the children to handle their own wiping and cleaning after using the bathroom. If you have a child who has a special circumstance or need in the bathroom, it is important that you discuss that with us ahead of time so we can discuss what can be done to help assist in their independence. If your child is not real good at wiping or cleaning themselves, flushable wipes are a great help in the bathroom and children can be much more successful at wiping themselves. We will be in the bathroom with your child for reassurance, guidance and help if needed.

We appreciate the teamwork, and your child will appreciate the independence and privacy they feel in the bathroom.

Please keep communication open so we can handle each situation in a sensitive manner and so we are not surprised when situations arise.

Please read and sign below:

Parental Consent Form

Sunny Skies Preschool/PHA encourages independence in all areas of development and especially in the bathroom for our children. However, from time to time there are circumstances that require special assistance in the bathroom. If your child has an accident that requires assistance from our licensed childcare staff or if your child is not real good at wiping or cleaning themselves, we need your permission to assist your child if necessary.

Does your child have any special needs in the bathroom?

☐ Yes

☐ NO; if, Yes please explain _____

OTC Medication (Please Initial)

- ☐ I give permission for the administration of the following non-ingestible over the counter medications, including but sunscreen, diaper creams, and insect repellent, as needed. I understand that such OTC medication will be bought to school in its original container and will be clearly labeled with my child's name.

I _____ parent of Child's name: _____;

DOB: _____ give Sunny Skies Preschool staff member's permission to assist my child in the bathroom if necessary.

Parent Signature

Date



Health Screening Consent Form

Child's Name: _____ DOB: _____

Parent/Guardian Name(s): _____

Health Screenings: (Please initial where indicated)

We, Sunny Skies Preschool/PHA, need to assure the health and development of your child and will be conducting various screenings which will be performed either by in-house staff members or fully certified external resources, *for example: Colgate Dental Mobile Van.*

The following are a list of screenings that Sunny Skies Preschool may conduct:

1. Dental and Oral Health Screening
2. Audiology (Hearing Screening)
3. Vision Testing
4. Growth Assessment, which includes height and weight testing
5. Blood Pressure exam
6. Social-Emotional test
7. Developmental and Educational screenings
8. Nutrition Review

If any of the above is a concern, please advise your family worker immediately so that we can discuss and address promptly and appropriately.

- ☐ I give permission for Sunny Skies Preschool/PHA to conduct all health and developmental screening as listed above or as deemed necessary. Screening may be done by either Sunny Skies Preschool staff/consultants and by certified organizations who partner with Sunny Skies Preschool/PHA for the health and well-being of my child.
- ☐ If my child should need services, I authorize any involved agencies to release a copy of any necessary records, including child's IEP or IFSP to Sunny Skies Preschool/PHA and to its staff members as deemed necessary. I give full permission for the teachers to peruse any therapist notes and files.

I understand and agree to all of the topics in the Consent Form

Parent/Guardian Signature: _____ Date: _____



CUSTOMER CREDIT CARD AUTHORIZATION FORM

This information is confidential. This form will only be kept by Sunny Skies Preschool/PHA Finance Department

PARENTS NAME: _____ CHILD'S NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

NAME AS APPEARS ON CREDIT CARD _____

CARD TYPE ☐ Visa ☐ MasterCard ☐ American Express

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

THREE DIGIT CODE _____ FOUR DIGIT AMERICAN EXPRESS: _____

AUTHORIZATION SIGNATURE _____ DATE _____

****This credit card authorization form MUST be filled out by ALL parents.***

****By signing this form, the signee authorizes Sunny Skies/PHA to charge the credit card account in the event payment is not made on time or a check bounces, no notice will be given in advance prior to charging the card and in the event the card gets declined your child will not be allowed back into the school until all payments have been satisfied. A credit card fees will be added to the amount (6% of total transaction). It is the sole responsibility of the cardholder to provide proper and accurate information and to update all accounts on record.***

AUTHORIZATION SIGNATURE _____ DATE _____



TO BE COMPLETED BY PARENTS/GUARDIANS AND DAY CARE STAFF

CENTER

318K (REV. 8/02)

NAME:

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BUREAU OF DAY CARE

ADDRESS:

BORO:

DAY CARE CUMULATIVE HEALTH RECORD

Date of Admission ____/____/____

NAME: (Last) (First) (Middle)			SEX F <input type="checkbox"/> M <input type="checkbox"/>		DATE OF BIRTH Country/State of Birth	
ADDRESS: (No.) (Street) (City/Boro)		(State)		(Zip)		
MOTHER'S NAME: (First) (Last)		FATHER'S NAME: (First) (Last)		TELEPHONE NO Home: Work:		
FOSTER PARENT						
FOSTER AGENCY		ADDRESS		TELEPHONE #		
LANGUAGE SPOKEN IN HOME						

PERSON/S TO CONTACT IN CASE OF EMERGENCY (Other Than Parent)	
NAME	RELATIONSHIP TO CHILD
ADDRESS	TELEPHONE NO. Home: Work:

NAME OF MEDICAL PROVIDER, CLINIC OR HOSPITAL		
NAME	CONTACT PERSON	PATIENT NO.
ADDRESS	TELEPHONE NO.	

SIGNIFICANT FAMILY HISTORY		IS CHILD ALLERGIC TO ANY:	
() Sickle Cell	() Heart Disease	() Medications (Specify)	
() Diabetes	() Hypertension	() None	
() Convulsive Disorder	() Tuberculosis	() Foods (Specify)	
() Allergies (Specify)	() Vision	() Insect Bites	
() OTHER (Specify)	() Hearing	() OTHER	

HOSPITALIZATIONS AND ILLNESSES	YES	NO	EXPLAIN
Has child ever been hospitalized or operated on?			
Has child ever had a serious accident (broken bone, head injury, fall, burns, poisoning)?			
Has child ever had a serious illness?			

SPECIAL HEALTH CONDITIONS	AGE IT BEGAN	TREATMENT/MEDICATIONS
(Long term or chronic)		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

I, _____ hereby certify that information provided herein is complete and accurate.

CONSENT FOR EMERGENCY MEDICAL TREATMENT (REQUIRED FOR ADMISSION TO DAY CARE)		
I do hereby give authority to the day care program staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.		
SIGNED _____	DATE _____	RELATIONSHIP _____
Subscribed and sworn to before me this _____ day of _____ 19 _____		
Notary Public or Commissioner of Deeds (OPTIONAL)		County of _____

**FORM 5, DENTAL HEALTH**

Modified for use by Region 7 Education Service Center Early/Head Start



CH205 Health Exam 2016 June 2016.indd



Food Allergy Plan

Name of Child: _____ **Date of Birth:** ____/____/____

☐ this child does **NOT** have a food allergy that requires restrictions or medications.

	Name of Allergen (peanuts, eggs, shellfish, etc.)	Previous reactions (rash, lip swelling, nausea/vomiting, difficulty breathing, anaphylaxis, etc.):	Dietary Restriction	Emergency Treatment, if required
1.			<input type="checkbox"/> Complete avoidance <input type="checkbox"/> Avoid in these specific forms: _____ <input type="checkbox"/> Other recommendations: _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: _____
2.			<input type="checkbox"/> Complete avoidance <input type="checkbox"/> Avoid in these specific forms: _____ <input type="checkbox"/> Other recommendations: _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: _____
3.			<input type="checkbox"/> Complete avoidance <input type="checkbox"/> Avoid in these specific forms: _____ <input type="checkbox"/> Other recommendations: _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: _____
4.			<input type="checkbox"/> Complete Avoidance <input type="checkbox"/> Avoid in these specific forms: _____ <input type="checkbox"/> Other recommendations: _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Benadryl <input type="checkbox"/> Other: _____

***If child requires medication for this allergy, please complete the Medication Consent Form for each medication required and provide parent with prescription(s) for additional medication to be kept at the childcare program site.*

Does this child have an allergist? ☐ Yes ☐ No

Name of Allergist: _____ Phone Number: (____) ____ - ____

Health Care Provider (MD, DO, NP, PA): _____ Date: _____
(Signature)

Address: _____

Phone Number (____) ____ - ____ Fax Number (____) ____ - ____

Date received by Child Care Program: _____

Parent Signature: _____ Date: _____

Child Care Program signature: _____ Date: _____



EMERGENCY MEDICAL CONSENT FORM

Sunny Skies Preschool/PHA _____ has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

My insurance provider is _____

My child's medical record number is _____

Preferred hospital/treatment center _____

My child is taking the following medications

My child has the following allergies

☐ I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date



**New York City Department of Health and Mental Hygiene
Bureau of Chronic Disease Prevention & Control
Asthma Initiative
Managing Asthma in Daycare Project
Brief Respiratory Questionnaire (BRQ)**

Interviewer: _____		Date of interview: ____/____/____		Center: _____	
Child: _____					
First name		Last name		D.O.B	Gender
Class					
Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> Latino <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Mixed (specify): _____ <input type="checkbox"/> Other (specify): _____					
Parent/caregiver: _____					
First name		Last name			
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other family member <input type="checkbox"/> Non-family member (specify): _____					

1. **In the past 12 months**, has your child experienced wheezing or whistling in the chest, or a cough that lasted more than a week?

(1) Yes (2) No

2. **In the past 12 months**, how many times did your child experience wheezing or whistling in the chest, or a cough that lasted more than a week?

____ Number of times (record "0" if none)

3. **In the past 12 months**, how many nights did your child have trouble sleeping because of wheezing or whistling in the chest, or a cough that lasted more than a week?

____ Number of nights (record "0" if none)

4. I am going to read you the names of some health conditions. For each one, please tell me if a doctor, medical care provider, or clinic **ever** used that name to describe your child's condition.

Asthma	(1) Yes	(2) No	<u>If "Yes," give blank AAP</u>
RAD (Reactive Airway Disease)	(1) Yes	(2) No	
Bronchitis or bronchiolitis (<i>bron-kee-oh-lite-iss</i>)	(1) Yes	(2) No	
Asthmatic or Wheezy Bronchitis	(1) Yes	(2) No	
Wheezing	(1) Yes	(2) No	

5. **In the past 12 months**, has a doctor, medical provider or clinic **prescribed** any medicine, inhaler, nebulizer, or breathing machine treatments for any of these conditions, that is for asthma, reactive airway disease, bronchitis or bronchiolitis, asthmatic or wheezy bronchitis, or wheezing?

(1) Yes (2) No **If "Yes," give blank AAP**

6. **In the past 12 months**, how many times did your child have an emergency visit to a doctor, clinic or an emergency room for asthma, wheezing, cough, chest tightness, or shortness of breath?

____ Number of times (record "0" if none) **If 1 or more, give blank AAP**

7. **In the past 12 months**, how many times did your child have to stay overnight in the hospital for asthma wheezing, cough, chest tightness, or shortness of breath?

____ Number of times (record "0" if none) **If 1 or more, give blank AAP**

8. Is your child **currently** under the care of a doctor, nurse, or clinic for asthma, wheezing, cough, chest tightness, or shortness of breath?

(1) Yes (2) No



Checklist of Parent's Obligations while having a registered child at Sunny Skies Preschool/PHA (Please initial all statements below after being read)

- ☐ Center Hours of operation **8:00AM-6PM. Please refer to your child's program schedule**, if you wish for your child to stay extended **hours past child's schedule its available at an additional fee.**
 - ☐ Payments regardless of attendance, whether child is sick, or during vacation; more than 2 weeks on arrears will result in exclusion from school.
Delinquent Accounts: I understand that if account continues to be delinquent, the center has the right to discontinue services.
 - ☐ Children **MUST** arrive to school no later than 9:30AM. Attendance is **MANDATORY**.
 - ☐ **Early Drop Off/Late Pick Up Fees.** If your child is brought to school **before 8:00AM**, we kindly ask parent to have a seat at the waiting area until doors open by 8AM. Pick up time is 5:45PM the latest; If you are late picking up your child between **5:45PM-6:10PM**, will be charged **\$50.00** and after **6:10PM** you will be charged **additional fee due on the spot of arrival.** ; Parent must call school or send email to notify us of absences, lateness and late pick up and inform school the reason for it.
 - ☐ No food, drinks, toys or personal objects are to be brought in. Sunny Skies Preschool/PHA is not responsible for lost/broken valuable items that are brought in. **ALL REQUIRED ITEMS MUST BE LABELED WITH CHILD'S NAME (including BLANKETS)**
 - ☐ If personal stroller is brought into Sunny Skies Preschool/PHA, it **MUST** be secured with a lock & chain. Sunny Skies Preschool/PHA is not responsible for lost/broken valuable items that are brought in.
 - ☐ Uniform tops and bottoms to be worn everyday in school. No sandals or open-toe shoes to be worn in school. **CLOSED TOE SHOES ONLY!**
 - ☐ Two changes of clothes to be kept in school for emergencies. Please **LABEL CLOTHES WITH CHILD'S NAME/INITIALS**. Sunny Skies Preschool/PHA is not responsible for lost/broken valuable items that are brought in.
 - ☐ Children with fever or diarrhea must stay home until after 24 -72 hours w/o symptoms.
 - ☐ Accurate phone numbers and email addresses will be provided, twice a year.
 - ☐ Medicals and Dental records will be kept up to date. Your child's medical is **valid for one year** to the date and dental is **valid for six month** to the date. If your child's medical records expired during school year your child will be excluded from school. Failure to updated medical record will result in exclusion from school.
 - ☐ All injuries that happen at home must be reported to a **STAFF MEMBER** when dropping child off in the morning.
 - ☐ DAILY Temperature will be taken upon arrival and dismissal for each child of Sunny Skies Preschool/PHA.
 - ☐ Child must be signed **IN and OUT** of Sunny Skies Preschool/PHA every day by parent/guardian.
 - ☐ Parents should participate in school activities such as fund raisers, meetings, holiday celebrations, etc.
- I, _____, the parent of _____ hereby acknowledge that I am aware of all the rules and regulations to be followed at Sunny Skies Preschool. Failure to do so might result in my child's expulsion from the program without the right to get a deposit refund, my initials/check mark next to each line indicate that I have read, understand and intend to follow every single one of them.

Parent/Guardian Signature _____ **Dated** _____



Permission Slip for outdoor activities

I _____ parent of _____ Give permission to
program Sunny Skies Preschool, to take my child outside the premises to conduct activities such as (park, library trips, community walks, field trips,etc) I understand that this will enhance the educational experience of my child and that this is required as part of the center curriculum. I hereby acknowledge that I am aware of all the rules and regulations to be followed at Sunny Skies Preschool including the off premises trips.

ParentSignature_____

Date_____



Materials list

Parents, please note the specifications to the items requested and abide by them.

**PLEASE LABEL ALL ITEMS WITH YOUR CHILD'S NAME
WITH PERMANENT MARKER!**

Thank you very much!!

- 1- two sided pocket folders to place children's schoolwork
- 2 pack of white copy paper.
- 1 pack of assorted construction paper
- 2 liquid glue bottle (1 ounce size for child's ease of use, please make sure it's ONE OUNCE)
- 2 boxes of facial tissues (rectangular size only to ease stacking)
- 1 large Lysol spray
- 2 boxes of Ziploc bag (1 gallon size)
- 2 rolls of paper towel roll.
- 1 bottle of Hand soap (any size)

AND AS ALWAYS REMEMBER THE FOLLOWING ESSENTIALS FOR YOUR CHILD'S PERSONAL USE:

- One KIDS size toothbrush and toothpaste (for practicing dental hygiene once a day in school)
- 1 fitted STRETCHED crib sheet and 1 thin flat sheet (crib sized only!) **labeled**. To be taken home on Fridays, washed and brought back on Mondays. No blankets = No childcare!!!!
- 2 changes of clothes, which **MUST** be replaced as they are used up often in case of accidents.
- 1 clear, white rectangular box with lid **MUST** be brought in to place child's additional change of clothes in the classroom. (shoe box size)
- If child uses diapers we must have an adequate supply of disposable diapers, wipes, creams and/or baby powder.
- UNIFORM, MUST BE WORN every day.
 - ***Khaki Pants or Skirt***
 - ***Navy Blue Polo T-shirt***
 - ***Black Closed-Toe Shoes***



UNIFORM POLICY

BOYS AND GIRLS

Khaki Bottoms pants or jumper/skirts make certain that the skirts properly cover your child and are weather appropriate. No characters, no mixed colors, no jeans, no sweats. No cargo pants, no sweats, or jeans.

BOYS AND GIRLS

Navy Blue POLO T-SHIRT! UNIFORM GRADE ONLY.

BLACK uniform shoes. No crocks, no sandals, no heels, no colorful sneakers, no characters, only ALL BLACK UNIFORM GRADE SHOES.

*thermal underwear recommended for winter months to keep the children warm.

They have the uniforms available at: **Cookies and/ or Children's Place.**



NO FAMILY OR OUTSIDES GUESTS ALLOWED DUE TO COVID-19

Birthday Party Checklist

We allow children's birthday parties under the following conditions:

AFTER HAVING OBSERVED CHILDREN AND THEIR REACTIONS TO PARTIES IN THE CLASS AND HOW SOME PARTIES ARE MORE DECORATED THAN OTHERS OR BIGGER CAKES WE HAVE DECIDED TO CHANGE OUR PARTY POLICIES, TAKING EFFECT IN NOVEMBER 2015.

CHILDREN'S PARTIES AT SUNNY SKIES PRESCHOOL

1. CHILDREN WILL BAKE THEIR OWN CAKE WITH THEIR CLASS AND DECORATE IT. Parents can provide cake mix and other ingredients.

2. CHILDREN WILL MAKE A BIRTHDAY HAT AND GREETING CARDS FOR THE BIRTHDAY BOY/GIRL.

3. NO CANDY, PINATAS OR GOODIE BAGS ALLOWED FROM HOME.

4. NO DECORATIONS AND/OR BALLONS ALLOWED FROM HOME; WE HAVE PLAIN DECORATIONS IN THE SCHOOL AND WE WILL MAKE ART WITH THE CLASS.

5. ONLY TWO ADULTS /FAMILY MEMBERS ALLOWED TO JOIN. NO EXCEPTIONS.

6. BIRTHDAY CHILD WILL RECEIVE A SPECIAL PRESENT FROM SUNNY SKIES.

7. PARTY WILL TAKE PLACE EITHER RIGHT BEFORE LUNCH OR RIGHT BEFORE DINNER ON A FRIDAY. NO EXCEPTIONS.

*****ALL Birthdays celebrations MUST be approved by the center Director*****PLEASE MEET WITH THE CENTER DIRECTOR BEFORE THE DAY OF THE PARTY, WE RESERVED THE RIGHT TO CANCEL ANY CELEBRATION NOT PREVIOUSLY SCHEDULED*******

OUR MISSION IS TO CREATE AN ENVIRONMENT OF HAPPINESS AND EQUALITY, WHERE EVERY CHILD IS CELEBRATED IN A VERY SPECIAL WAY BY ALL MEMBERS OF THE SCHOOL WHILE STILL KEEPING THE ACTIVITY AN EDUCATIONAL, HAPPY AND WHOLESOME ONE. WE REALLY APPRECIATE YOUR SUPPORT. PARENTS WHO WISH TO CONTRIBUTE CAN DONATE EGGS, CAKE MIX, FROSTING, MARGARINE, DISPOSABLE CAKE PANS AND FOOD COLORING FOR THE USE DURING THEIR CHILD'S CELEBRATION OR OTHER CHILDREN.

THANK YOU!!



**Sunny Skies Preschool
Photo Release consent**

Dear Parents,

We/I will be taking many photos of our children this year to celebrate their learning. We/I may share a few of the wonderful photos our classrooms and social media or make them available for professional publications, including internet, highlighting excellence in early literacy. May we have permission to include photos of your child?

PHOTOGRAPH RELEASE

Child's Name: _____

Address: _____

Guardian: _____

I, hereby, grant to (Teacher's name) _____* and Sunny Skies Preschool/PHA or any publisher Sunny Skies Preschool/PHA enters into publishing agreements with permission to copyright and/or use and/or publish and republish, photographic pictures and portraits of my child in which he/she may be included in whole or in part, in color or black and white, made through any media by the photographer in the classroom or elsewhere, including the use of any printed matter in conjunction with such photographs.

I, hereby, waive my right to inspect and/or approve the finished photograph copy or printed matter that may be used in conjunction with such photographs, or the eventual use that might be applied.

I, hereby, release and discharge the above, its assign, and all persona acting under its permission or authority or those for whom it is acting, from and against any liability that may occur in the taking of photographs, or reproductions of the finished product.

I, hereby, consent to the use of these photographs without financial compensation.

I have read the foregoing release and warrant that I fully understand the contents thereof.

Parent Signature _____

Date _____



Limitation of Liability Form for Corona virus (COVID-19)

With stay-at-home orders being lifted in New York State, any parties involved in child care services transactions must continue to be aware of the risks that are associated with the **Corona virus (COVID-19)**.

Throughout the course of the child care services, it may become necessary for a party to enter or access our building/centers/facilities in-person, which raises the possibility of potential liability resulting from exposure to the Corona virus (COVID-19).

By entering Sunny Skies Preschool/PHA buildings/centers/facilities, you acknowledge that, there is an assumption of exposure to the Corona virus (COVID-19) and any and all consequences that may result from such exposure, including but not limited to, physical injury, psychological injury, pain, suffering, illness, temporary or permanent disability, death or economic loss.

This form is intended to notify the parties of the risks associated with conducting child care services with our centers and/or building/centers/facilities visits in-person. All parties associated with the in-person services or visits (including Center designee) should sign this form. By signing this form, you hereby acknowledge and assume such risks and/or potential consequences.

The undersigned hereby acknowledges receipt of this Corona virus (COVID-19) Limitation of Liability Form and understands that the refusal to sign this form may result in the cancellation of all and any scheduled in-person services or visits/tours.

Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY:

This form was presented to me by

Staff Name: _____ Of Company's name: Sunny Skies Preschool/PHA



Daily Procedures Agreement

Child's Name: _____ DOB: _____ Parent/Guardian
Name(s): _____

Please initial each item below:

_____ I agree to sign the school attendance log when my child arrives in the morning and again when he/she is picked up at the end of the day. No one under the age of 16 is allowed to sign my child in/out of the school.

_____ I agree to conduct COVID-19 daily screening to my child upon arrival

_____ **Illness:** I understand that I will be notified by school personnel if my child becomes ill during the day and I agree to make every effort to have my child picked up in a timely manner, as the health and safety of all children is of the utmost importance. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I will make certain that he/she does not return to school without written permission from my child's doctor.

_____ **Withdrawal from Sunny Skies Preschool/PHA:** I have the right to withdraw my child from the program at any time; however, I understand that I must provide a 2 week written notice of withdrawal. If this written notification is not received I agree to pay all the tuition for the 2 week period. I understand that if I then choose to re-enroll my child, she/he will only be readmitted based upon space availability and at the current rate of tuition.

_____ At the Director's discretion, Sunny Skies Preschool/PHA has the right to ask a child to withdraw from our program.

_____ **Inclement Weather/School Closings:** I understand that it is the Day Cares' objective to be open during every regularly scheduled school day; however, there are some specific days during which the school will be closed (i.e. federal holidays). In addition, inclement weather and or natural/national disaster or major building issues may necessitate an immediate school closing. This will not affect my child's tuition in any way.

_____ I understand that if I am late picking up my child on any given day, I will be charged a late fee of \$50.00 bet 5:45PM-6:10PM , after 6:10PM a flat fee of \$100.00 will be charged Per hour until my child is picked up by myself or the appropriate contact listed. This late fee is to be paid immediately upon pick-up. If the lateness continues, I may be asked to remove my child from the Center permanently.

I understand and agree with all the aforementioned terms listed in the Daily Procedures.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____



CACFP PROGRAM PARTICIPATION DATA SHEET

MY CHILD IS ENROLLED IN A PRESCHOOL THAT PARTICIPATES IN CACFP, A FEDERAL PROGRAM WHICH PROVIDES FUNDING FOR NUTRITIOUS AND DELICIOUS MEALS AT THE SCHOOL AT NO EXTRA COST TO THE PARENTS CONTINGENT ON INCOME. HE/SHE WILL BE PROVIDED WITH THE FOLLOWING MEALS:

AM SNACK (9:00 AM)

HOT LUNCH (12 NOON)

HOT SUPPER (3:30 PM)

CHILD'S NAME: _____

DATE OF ENROLLMENT: _____

PARENT'S SIGNATURE: _____

TODAY'S DATE: _____

***PARENTS NEED TO FILL OUT INCOME ELIGIBILITY APPLICATION FORMS UPON ENROLLMENT AND EVERY YEAR IN JANUARY AS THEY EXPIRE AND MUST BE UPDATED.**

WE APPRECIATE YOUR COOPERATION IN HELPING US PROVIDE THE VERY BEST FOOD FOR YOUR CHILD WHILE IN OUR CARE, SERVICES ARE PROVIDED WITHOUT ANY BIAS OR RESTRAINT TO ALL CHILDREN ATTENDING.

SUNNY SKIES PRESCHOOL



NEW YORK STATE DEPARTMENT OF HEALTH
Child and Adult Care Food Program

**Income Eligibility Form
for Child Care Centers**

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of _____
Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY

CACFP Agreement # _____

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of _____
Center Staff _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF
SOCIAL SECURITY NUMBER

DATE _____

USDA is an equal opportunity provider and employer.



Pedestrian Safety: Do's and Don'ts

To ensure that your child remains safe when outdoors, read and follow these simple Pedestrian Safety tips. These rules help by teaching your child the rules right from the start.

The following information is provided courtesy of the USA Safe Kids Worldwide and ACS.

Teach your child(ren):

Do not cross the street alone if you're younger than 10 years old.

Do wear a helmet when riding on a bicycle.

Do stop at the curb before crossing the street.

Do not run, across the street, walk.

Do cross at corners, using traffic signals and crosswalks.

Do look left, right, and left again before crossing.

Do walk facing traffic.

Make sure drivers see you before crossing in front of them.

Do make certain that when crossing the street with a stroller, the stroller is by your side, not in front of you as you wait to cross.

Do not play in driveways, streets, parking lots or unfenced yards by the street.

Wear white clothing or reflectors when walking at night.

Cross at least 10 feet in front of a school bus.

I _____ acknowledge that I have participated in Pedestrian Safety orientation for

My child _____ on ____/____/____

Parent Signature: _____

Family Worker Signature: _____
