



# MY SPECTRUM SCHOOL/CENTER

*Early Childhood Education  
Gifted & Talented Education*

11 Sintsink Drive East, Port Washington, New York 11050  
516-883-8035 info@myspectrumschool.com myspectrumschool.com

**Spectrum Science and Art Camp** spark children's curiosity, discovery, and creativity through our outdoor playground and garden and indoor STEAM Lab environment. Children embark on weekly exploration of STEAM topics, participate in fun hands-on experiences, and create personalized projects.



**BEST SUMMER CAMP 2023, 2022 & 2021**  
**BEST CHILD CARE 2023, 2022 & 2021**  
**BEST PRESCHOOL 2023 & 2022**  
**BEST TEACHER, MR. SCIENCE JASON 2023 & 2022**  
**BEST AFTER-SCHOOL 2023**  
**BEST PRIVATE SCHOOL 2023**  
**GRANT PROJECT NYAEYC, MS. JENNIFER 2023-2024**

## On-Site Weekly Schedule

3 days | 4 days | 5 days per week

Age 18 months - Age 3: 9:00am-1:00pm or 9:00am-3:00pm per day (Monday-Friday)

Age 4 - Age 9: 9:00am-3:00pm per day (Monday-Friday)

Extended Day: 3:00pm-4:00pm per day (Monday-Thursday)

## STEAM Summer Camp Topics

### 1. June 26 - June 28 (3 DAYS)

#### Living Machines: Human Anatomy & Biomechanics

Young physiologists discover how human bodies are living machines and how the organs work hard to keep us alive! Discover mind-blowing similarities and differences in organ systems and biomechanics between humans and wild animals. Explore the brain, white blood cells, digestive enzymes, blood pressure, and the skeleton through hands-on projects designed to make learning about the human body fun and exciting.

### 2. July 1 - July 3 (3 DAYS)

#### Modern Marvels: Renewable Energy & Engineering

Young physicists study electric, magnetic, and solar power and explore the importance of energy in our lives with a special focus on sustainable and renewable energy. Children learn the process of engineering and recreate some of the coolest inventions that forever changed the world. Channel your inner engineer; imagine, design, play, and make in Spectrum's makerspace.

### 3. July 8 - July 12

#### Mad Science: Chemistry & Experimentation

Young chemists discover the basic principles of energy and matter and witness them in action. Children are introduced to the scientific method, and use it to observe, question, wonder, discuss, and engage in fun experiments. Mix (safe) acids and bases and create crazy chemical reactions that pop, fizz, and glow in the dark using beakers, test tubes, and chemist tools.

### 4. July 15 - July 19

#### Backyard Science: Nature Exploration & Living Things

Young naturalists explore the local flora and fauna of Port Washington's trails and Spectrum's lush garden and playground. Children embark on nature walks in search of diverse wildlife hidden in Port. Collect live samples, investigate their findings with professional science equipment, and learn to appreciate the great outdoors.

*\*Parental permission is required for children age 4 - age 9 to be escorted on local nature walks.*

### 5. July 22 - July 26

#### Wild World: Animal Science & Ecology

Young wildlife biologists explore vertebrates and invertebrates! Children learn animal classifications and investigate the major similarities and differences between wildlife creatures such as grasshoppers and squids, and mammals and amphibians through hands-on science lab exploration and dissections.

#### **6. July 29 - August 2**

##### **Triassic Park: Dinosaurs & Paleontology**

Young paleontologists explore prehistoric times when dinosaurs roamed the earth. Children investigate when, where, and how dinosaurs lived. Children will discover amazing facts about these “terrible lizards,” recreate our favorite Mesozoic era, excavate fossils, and answer the age-old question if dinosaurs really are extinct.

#### **7. August 5 - August 9**

##### **Space Explorers: Astronomy & Cosmology**

Young cosmologists blast off into the cosmos and explore the fascinating mysteries of outer space. Children discover how galaxies are formed, how stars are born, and why nothing can escape black holes. Explore the planets of our solar system, map-out constellations, and recreate NASA's greatest inventions.

#### **8. August 12 - August 16**

##### **Around the World: Pop Culture & Fashion**

Young adventurers travel around the world and immerse themselves in diverse cultures of multiple countries. Children explore and learn unique fashion trends and pop culture from around the globe. Interpret global fashion and lifestyle trends and design multimedia presentations and products using fabrics, accessories, and more.

#### **9. August 19 - August 23**

##### **Hidden Beauty: Math, Art, & Nature**

Young mathematicians explore the astonishing connections between geometry, art, and nature. Discover how simple mathematics designs visually stunning works of art found in museums and the great outdoors. Children use basic math concepts like patterns and symmetry to create visual masterpieces, intricate wooden structures, tie-dyed T-shirts, and more.

#### **10. August 26 - August 30**

##### **Artist Series: Visual Arts & Sculpting**

Young artists explore the cutting-edge intersection between art, media, and culture. Children learn about esteemed artists such as Picasso, Piaget, Dali and their renowned artistic styles and techniques. Children demonstrate their newfound knowledge by creating works of art inspired by these famous artists.

**FUN outdoor playground with music, movement, sprinklers, sand and water exploration, fruit and vegetable garden, picnics, natural snow cones, and more!**



# MY SPECTRUM SCHOOL/CENTER

Early Childhood Education  
Gifted & Talented Education

11 Sintsink Drive East, Port Washington, New York 11050  
516-883-8035 info@myspectrumschool.com myspectrumschool.com

## 2024 STEAM SUMMER CAMP REGISTRATION AGREEMENT



**BEST SUMMER CAMP 2023, 2022 & 2021**  
**BEST CHILD CARE 2023, 2022 & 2021**  
**BEST PRESCHOOL 2023 & 2022**  
**BEST TEACHER, MR. SCIENCE JASON 2023 & 2022**  
**BEST AFTER-SCHOOL 2023**  
**BEST PRIVATE SCHOOL 2023**  
**GRANT PROJECT NYAEYC, MS. JENNIFER 2023-2024**

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Child's Date of Birth (month/day/year): \_\_\_\_\_ Current Age: \_\_\_\_\_

Child's Gender:  Female  Male  N/A

Child's Dominant Language \_\_\_\_\_

School District Zone:  Daly  Guggenheim  Manorhaven  Sousa  South Salem  Other \_\_\_\_\_

Child's food allergies (please check all that apply):  
 Eggs  Milk  Soy  Wheat  Shellfish  Fish  Peanuts  Tree Nuts  Other \_\_\_\_\_

Child's other allergies (please check all that apply):  
 Latex  Bees  Wasps  Hornets  Other \_\_\_\_\_

Child's domain strengths (please check all that apply):  
 Linguistic/Language  Logical/Mathematical  Naturalist/Science  Spatial/Art  Musical  
 Intrapersonal/Interpersonal/Social Understanding  Bodily-Kinesthetic/Movement

How did you hear about us?  
 Student  Web Search  Google Ad  Facebook Ad  Print Ad  Friend  Other \_\_\_\_\_

### Parent/Legal Guardian

Parent  Step-Parent  Legal Guardian  Foster Parent  
 Dr.  Esq.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
(Last) (First)

Occupation: \_\_\_\_\_

Parent  Step-Parent  Legal Guardian  Foster Parent  
 Dr.  Esq.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
(Last) (First)

Occupation: \_\_\_\_\_

### Primary Emergency Contact

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Sibling(s)**

Name	Birth Date	Relationship	School & Grade

**STEAM Summer Camp Weekly Schedule:** 3 days | 4 days | 5 days per week

- Age 18 months - Age 3: 9:00am-1:00pm or 9:00am-3:00pm per day (Monday-Friday)
- Age 4 - Age 9: 9:00am-3:00pm per day (Monday-Friday)
- Extended Day: 3:00pm-4:00pm per day (Monday-Thursday)

**\*Age 18 months-23 months must be enrolled in 2024-2025 school year at My Spectrum School to attend summer camp**

Week	Session	Monday	Tuesday	Wednesday	Thursday	Friday
<b>June 26-June 28 (3 DAYS): Human Anatomy</b>						
	9:00am - 1:00pm	NA	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	NA	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day Option	3:00pm - 4:00pm	NA	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA
<b>July 1-July 3 (3 DAYS): Renewable Energy &amp; Engineering</b>						
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
Extended Day Option	3:00pm - 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
<b>July 8-July 12: Mad Science</b>						
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day Option	3:00pm - 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
<b>July 15-July 19: Backyard Science</b>						
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day Option	3:00pm - 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
<b>July 22-July 26: Animal Science &amp; Ecology</b>						
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day Option	3:00pm - 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
<b>July 29-August 2: Dinosaurs</b>						
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day Option	3:00pm - 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
<b>August 5-August 9: Space</b>						
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day Option	3:00pm - 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
<b>August 12-August 16: Around the World</b>						
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day Option	3:00pm - 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
<b>August 19-August 23: Math, Art, &amp; Nature</b>						
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day Option	3:00pm - 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
<b>August 26-August 30: Artist Series</b>						
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day Option	3:00pm - 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA

**Weekly tuition per child:**

Session	3 Days	4 Days	5 Days	Weekly
<b>9:00am - 1:00pm</b> Age 18 months - Age 3	<input type="checkbox"/> \$282	<input type="checkbox"/> \$360	<input type="checkbox"/> \$430	per week
<b>9:00am - 3:00pm</b> Age 18 months - Age 3 Age 4 - Age 9	<input type="checkbox"/> \$378	<input type="checkbox"/> \$480	<input type="checkbox"/> \$570	per week

**Weekly extended hours tuition per child:**

Session	1 Day	2 Days	3 Days	4 Days	Weekly
<b>3:00pm - 4:00pm</b> Age 18 months - Age 3 Age 4 - Age 9	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	per week

**Summer Camp Tuition Terms:**

- **No registration fee**
- No tuition refunds will be granted for any reason
- No tuition reimbursement for school/camp closures, student absences, personal matters
- No make-up days or switching days
- **Late pick up of 5 or more minutes is subject to a late fee of \$1 per minute payable in cash or check at pick up**
- Delinquent and returned payments are subject to a \$30 fee plus processing fee
- **Staff gratuity is not included in tuition**

**Summer Camp Payment Schedule:** Full payment is required at the time of registration.

**Form of Payment:** Quickbooks direct payment (**\$10 fee applies**), credit card (**3.5% fee applies**), cash (**no fee**), or personal check (**no fee**) made payable to My Spectrum School/Center.

**My Spectrum School/Center Closure:** My Spectrum School/Center will be closed on legal holidays and whenever the health and safety of the children may be compromised.

**Parent/Legal Guardian Consent:** I give my consent to My Spectrum School/Center for my child to engage in school/center/camp water play, contests, photos/videos for use in social media, website, publications, advertisements, and apply parent/guardian provided sunscreen/insect repellent.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of My Spectrum School/Center: \_\_\_\_\_ Date: \_\_\_\_\_



# MY SPECTRUM SCHOOL/CENTER

*Early Childhood Education  
Gifted & Talented Education*

11 Sintsink Drive East, Port Washington, New York 11050  
516-883-8035 info@myspectrumschool.com myspectrumschool.com

**July 15 - July 19**

**Backyard Science: Nature Exploration & Living Things**

Young naturalists explore the local flora and fauna of Port Washington's trails and Spectrum's lush garden and playground. Children embark on nature walks in search of diverse wildlife hidden in Port. Collect live samples, investigate their findings with professional science equipment, and learn to appreciate the great outdoors.

**\*Parental permission is required for children age 4 - age 9 to be escorted on local nature walks.**

Dear Parent or Legal Guardian,

Your child **age 4 - age 9** is going on a Summer Camp field trip nature walks and preserves. Please read the information on this form, then sign and return this permission slip to My Spectrum School/Center Administrator **by July 14, 2024**.

**Summer Camp Field Trip Nature Walk Information:**

- Date:** July 15, July 16, July 17, July 18 and/ or July 19, 2024
- Location:** Staff supervised **walking** trip to and from **local** Manorhaven and Port Washington Nature Preserves
- Purpose:** STEAM Summer Camp, Backyard Science
- Time:** 9:00am-3:00pm

*Complete and sign this part of the form and return it to My Spectrum School/Center Administrator:*

\_\_\_\_\_ (Child First Name/Last Name) has permission to attend school/center summer camp field trip/ nature walks and preserves on July 15, July 16, July 17, July 18 and/ or July 19, 2024 from My Spectrum School/Center, 11 Sintsink Drive East, Port Washington, New York 11050 to **local Manorhaven and Port Washington Nature Preserves**.

I give my permission for \_\_\_\_\_ (Child First Name/Last Name) to receive emergency medical treatment. In an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release Form**

I request My Spectrum School/Center to allow my child \_\_\_\_\_ (Child First Name/Last Name) to participate in field trip-nature walks and preserves. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following: I understand that my child's participation in this activity can expose my child to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge My Spectrum School/Center, its officers, agents, staff, and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release My Spectrum School/Center and its officers, agents, staff, and employees of the school/center for any negligence and liability of the school/center, its officers, agents, staff and employees.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Name Printed: \_\_\_\_\_

Address of Parent/Legal Guardian Printed: \_\_\_\_\_  
\_\_\_\_\_

My Spectrum School/Center Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
My Spectrum School/Center Officer Name Printed: \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

Name of Child:	Date of Birth: / /	Date of Examination: / /
----------------	-----------------------	-----------------------------

**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).  Yes  No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

**Tests**

Tuberculin Test Date: / / Mantoux Results:  Positive  Negative \_\_\_\_\_ mm  
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.  
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /  
 Attach lead level statement  
**Lead Screening (Include All Dates and Results)**

1 year / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary  
 2 years / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Most recent date of lead screening (if different from above):**  
 / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.**  
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

*(Continued on reverse side)*





NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DAY CARE ENROLLMENT**

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: ( ) -	
	CHILD'S FULL NAME:				DATE OF BIRTH: / /	
	PREFERRED NAME/NICKNAME:				GENDER:	
	CHILD'S HOME ADDRESS:					
NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD:			
			<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____			
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:						
EMERGENCY INFO	<b>EMERGENCY CONTACT NAMES / ADDRESSES</b>		<b>Authorized to Pick Up Child</b>	<b>PRIMARY PHONE NUMBER</b>	<b>OTHER PHONE NUMBER / EMAIL</b>	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text	( ) - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text	( ) - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - <input type="checkbox"/> ok to text	( ) - <input type="checkbox"/> ok to text	
<b>FOR PROGRAM USE ONLY</b>			<b>FOR PROGRAM USE ONLY</b>			
DATE OF ENROLLMENT: / /			DATE OF DISENROLLMENT: / /			

CHILD'S FULL NAME:		DATE OF BIRTH: / /	
<b>Check boxes below to indicate if your child has any special needs/services:</b> <input type="checkbox"/> None			
<input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Allergies (Please list) _____			
<input type="checkbox"/> Other _____			
Please provide information here <b>AND</b> discuss with your child care provider:			
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: ( ) -	
PREFERRED HOSPITAL:		PHONE NUMBER: ( ) -	
CHILD'S DENTAL CARE:		PHONE NUMBER: ( ) -	
<b>Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b>			
<b>AGREEMENTS</b>			
● I consent to emergency medical treatment for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
● I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
● I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
● I provided information on my child's special needs to the program to assist in caring for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
● I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
● I agree to review and update this information whenever a change occurs and at least once every year.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:			DATE: / /