



# 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

## SCHOOL REGISTRATION AGREEMENT September 7, 2022 - June 16, 2023

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 \_\_\_\_\_

Child's food allergies (please check all that apply):

Eggs  Milk  Soy  Wheat  Shellfish  Peanuts  Tree Nuts (walnuts, cashews, pecans)  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

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

How did you hear about us?

Web Search  Google Ad  Facebook Ad  Print Ad  Friend  Other \_\_\_\_\_

**Parent/Legal Guardian Information:**

Check one:

Parent  Step-Parent  Legal Guardian  Foster Parent

Dr.  Esq  Mr.  Mrs.  Ms.

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

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

Check one:

Parent  Step-Parent  Legal Guardian  Foster Parent

Dr.  Esq  Mr.  Mrs.  Ms.

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

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

**Primary Contact Information**

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

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Sibling Information:**

Name	Birth Date	Relationship	School & Grade
_____	_____	_____	_____
_____	_____	_____	_____

## SCHOOL PROGRAMS:

**Toddler: Age 18 months - Age 35 months** (18 months old by school start date)

**Preschool: Age 3** (3 yrs by 12/1/22)

3 days, 4 days, or 5 days	Monday	Tuesday	Wednesday	Thursday	Friday
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"/>

**Prekindergarten: Age 4** (4 yrs by 12/1/22)

**Junior Kindergarten: Age 5** (5 yrs by 12/1/22)

5 days	Monday - Friday
9:00am-3:00pm	<input type="checkbox"/>

## SPECTRUM 2021-2022 SCHOOL & 2022 CAMP FAMILIES: **DISCOUNTED TUITION UNTIL JULY 31, 2022**

Times/Tuition	3 Days Per Week	4 Days Per Week	5 Days Per Week	
9:00am-1:00pm	<input type="checkbox"/> \$840	<input type="checkbox"/> \$985	<input type="checkbox"/> \$1120	per month
9:00am-3:00pm	<input type="checkbox"/> \$980	<input type="checkbox"/> \$1170	<input type="checkbox"/> \$1330	per month

## NEW FAMILIES: **DISCOUNTED TUITION UNTIL JULY 31, 2022**

Times/Tuition	3 Days Per Week	4 Days Per Week	5 Days Per Week	
9:00am-1:00pm	<input type="checkbox"/> \$890	<input type="checkbox"/> \$1035	<input type="checkbox"/> \$1170	per month
9:00am-3:00pm	<input type="checkbox"/> \$1030	<input type="checkbox"/> \$1220	<input type="checkbox"/> \$1380	per month

## ALL FAMILIES: **TUITION AFTER JULY 31, 2022**

Times/Tuition	3 Days Per Week	4 Days Per Week	5 Days Per Week	
9:00am-1:00pm	<input type="checkbox"/> \$940	<input type="checkbox"/> \$1085	<input type="checkbox"/> \$1220	per month
9:00am-3:00pm	<input type="checkbox"/> \$1080	<input type="checkbox"/> \$1270	<input type="checkbox"/> \$1430	per month

**Extended Day Afternoon Enrichment: Age 18 months - Age 5**

DAYS OF WEEK Indoor & Outdoor Activities						
Monday Art/ Snack	Tuesday Blocks/ Snack	Wednesday Movement & Music/ Snack	Thursday Discovery/ Snack	Friday Play/ Snack		
Times/Tuition	1 Day Per Week	2 Days Per Week	3 Days Per Week	4 Days Per Week	5 Days Per Week	
3:00pm-4:00pm	<input type="checkbox"/> \$80	<input type="checkbox"/> \$144	<input type="checkbox"/> \$192	<input type="checkbox"/> \$240	<input type="checkbox"/> \$280	per month
3:00pm-5:00pm	<input type="checkbox"/> \$160	<input type="checkbox"/> \$288	<input type="checkbox"/> \$384	<input type="checkbox"/> \$480	<input type="checkbox"/> \$560	per month

**\*Morning Child Care/ Creative Play: Age 18 months - Age 5**

**\*Evening Child Care/ Creative Play: Age 18 months - Age 5**

DAYS OF WEEK						
Monday	Tuesday	Wednesday	Thursday	Friday		
Times/Tuition	1 Day Per Week	2 Days Per Week	3 Days Per Week	4 Days Per Week	5 Days Per Week	
8:00am-9:00am	<input type="checkbox"/> \$80	<input type="checkbox"/> \$160	<input type="checkbox"/> \$240	<input type="checkbox"/> \$320	<input type="checkbox"/> \$400	per month
8:30am-9:00am	<input type="checkbox"/> \$48	<input type="checkbox"/> \$96	<input type="checkbox"/> \$144	<input type="checkbox"/> \$192	<input type="checkbox"/> \$240	per month
5:00pm-5:30pm	<input type="checkbox"/> \$48	<input type="checkbox"/> \$96	<input type="checkbox"/> \$144	<input type="checkbox"/> \$192	<input type="checkbox"/> \$240	per month
5:00pm-6:00pm	<input type="checkbox"/> \$80	<input type="checkbox"/> \$160	<input type="checkbox"/> \$240	<input type="checkbox"/> \$320	<input type="checkbox"/> \$400	per month

\*Child must be registered in Toddler, Preschool, Prekindergarten, Junior Kindergarten, Extended Day Afternoon Enrichment program

**Tuition Payment Schedule:**

**SEPTEMBER ADMISSION**      **10 Months Tuition Commitment (start date until last day of school June 16, 2023):**  
September, October, November      3 months tuition payment due **AT REGISTRATION**  
December, January, February      3 months tuition payment due **NOVEMBER 1, 2022**  
March, April, May, June      4 months tuition payment due **FEBRUARY 1, 2023**

**JANUARY ADMISSION**      **6 Months Tuition Commitment (start date until last day of school, June 16, 2023):**  
January - June      Full tuition payment due **AT REGISTRATION**

**Tuition Notes:**

- No registration fee.
- Morning, Toddler, Preschool, Prekindergarten, Junior Kindergarten, Extended Day Afternoon Enrichment, Evening **tuition payment commitment** is based on the child’s school **start date until last day of school, June 16, 2023.**
- **Sibling Discount \$25 off of school tuition per month for 1 child enrolled 5 days, 9am-3pm (does not apply to extended day afternoon enrichment, morning, evening tuition).**
- Cost of school supplies is not included in the tuition.
- Children who do not attend school on celebration days are welcome to attend, \$60 per celebration fee, 9am-1pm.
- **No tuition refunds** will be granted for any reason, including but not limited to Covid 19 and variants.
- **No prorated tuition** will be granted for any reason, including but not limited to Covid 19 and variants.
- **No make-up days** will be granted for any reason, including but not limited to Covid 19 and variants.
- **No switching days** will be granted for any reason, including but not limited to Covid 19 and variants.
- **No tuition reimbursement** will be granted for any reason, including but not limited to school/center closures, student absences, personal matters, extended vacation, Covid 19 and variants.
- **No reduction or removal of registered program session(s);** number of hours, days, weeks, months.
- Late pick up of 5 or more minutes is subject to a late fee of \$1 per minute.
- Delinquent payment fee of \$30 charged on 5th of the month.
- Returned payment fee of \$30 plus Quickbooks fee.
- Additional school hours available: \$15 per half hour and \$25 per hour.
- My Spectrum School/Center accepts tuition vouchers via Nassau County Department of Social Services (DSS) up to 30 hours per week. Tuition balance if applicable, owed by family.

**Form of Payment:** Quickbooks invoice sent via email. Forms of payment accepted are: Quickbooks direct online payment (**\$10 Quickbooks fee applies to each invoice**), credit card (**3.5% Quickbooks fee applies to each invoice**), cash (**no fee**), or check (**no fee**) made payable to My Spectrum School/Center.

**Check one:**  Quickbooks Direct Payment (\$10 fee per invoice)  Credit Card (3.5% fee per invoice)  Cash  Check

**Calendar:** My Spectrum School/Center follows the Port Washington Union Free School District calendar **with some adjustments**. My Spectrum School/Center closes on legal holidays, school closures, parent-teacher conferences, professional development, and whenever the health and safety of staff, families, and children may be compromised, including but not limited to Covid 19 and variants.

**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.

**I give my consent to:** My Spectrum School/Center for my child to be evaluated with Ages and Stages Screenings.

**I understand and agree to:** School Registration as indicated on page 1/2, page 2/3, page 3/3.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of My Spectrum School/Center: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name of My Spectrum School/Center: \_\_\_\_\_



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## MY SPECTRUM SCHOOL/CENTER CALENDAR 2022-2023

September 7, 2022:	First Day of School (Regular Dismissal)
September 24, 2022:	Welcome/Orientation Day (Family Participation)
September 26 - 27, 2022:	Recess
October 5, 2022:	Recess
October 10, 2022:	Columbus Day/Recess
October 24, 2022:	Professional Development (School Closed)
October 31, 2022:	Halloween Celebration <b>1pm Dismissal</b> NO AFTER-SCHOOL
November 8, 2022:	Parent Teacher Conferences (School Closed)
November 10, 2022:	Parent Teacher Conferences (School Closed)
November 11, 2022:	Veterans Day/Recess
November 22, 2022:	Thanksgiving Celebration/Food Drive <b>1pm Dismissal</b> NO AFTER-SCHOOL
November 23 - 25, 2022:	Thanksgiving/Recess
December 23, 2022:	Holiday Celebration <b>1pm Dismissal</b> NO AFTER-SCHOOL
December 26, 2022 - January 2, 2023:	Recess
January 16, 2023:	Martin Luther King Day/Recess
January 17 - January 20, 2023:	Career Week (Family Participation) (Regular Dismissal)

February 14, 2023:	Valentine's Day Celebration (Regular Dismissal)
February 20 - 24, 2023:	Winter Recess
March 17, 2023:	Parent Teacher Conferences (School Closed)
March 22, 2023:	Parent Teacher Conferences (School Closed)
April 5, 2023:	Spring/Egg Hunt Celebration 1pm Dismissal NO AFTER-SCHOOL
April 6 - 14, 2023:	Spring Recess
May 1 - May 5, 2023:	Zoom Parent Teacher Conference (Evening)
May 26, 2023:	Professional Development (School Closed)
May 29, 2023:	Memorial Day/Recess
June 2, 2023:	Picture Day (Regular Dismissal)
June 9, 2023:	Field Day (Family Participation) Early Dismissal TBA NO AFTER-SCHOOL
June 15, 2023:	NO AFTER-SCHOOL
June 16, 2023:	Last Day of School/Graduation Day (Family Participation) Early Dismissal TBA NO AFTER-SCHOOL

**No before and after-school programs when school/center is closed/recess.**

Families are welcome to celebrate children's birthdays at school. **No nuts, food, ice cream, candy.**

### **NUT FREE FACILITY**

My Spectrum School/Center follows Port Washington Union Free School District snow days and snow early dismissal and may close due to inclement weather and when the health and safety of staff, families, and children are at risk.

*Dates subject to change.*

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: / /

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: / /
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**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)*

