

Harrison Children's Center



**300 Harrison Avenue
Harrison, N.Y. 10528
PH.-(914) 835-4271
Fax (914) 835-9074**

**251 Underhill Ave
Harrison, N.Y. 10604
Ph.-(914) 761-8177
Fax-(914) 761-1807**

The Harrison Children's Center

Welcome to the Harrison Children's Center. We are looking forward to providing your child with an exciting early childhood experience.

The philosophy of The Harrison Children's Center focuses on meeting developmental needs of children. Programs are planned to meet each child's emotional, social, cognitive, and physical needs. A well educated and trained staff provides a stimulating environment for your child to develop and learn.

The focus is on the whole child where a hands-on environment is provided to assist the child in growing to his or her fullest potential. This is achieved by recognizing each stage of a child's development and by using the curriculum to nurture and facilitate growth during each developmental stage.

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251 Underhill Avenue
West Harrison, NY 10604
(914) 761-8177

300 Harrison Avenue
Harrison, NY 10528
(914) 835-4271

Child's Name: _____
Nickname: _____

Birth Date: _____
Sex: Male/ Female

Mother

Father

Name: _____
Address: _____

Home Phone: _____
Bus. Address: _____

Bus. Phone: _____
Days at Work: _____
Occupation: _____

Name: _____
Address: _____

Home Phone: _____
Bus. Address: _____

Bus. Phone: _____
Days at Work: _____
Occupation: _____

Marital Status: _____

Who should we call in case of an emergency? (Be sure to include someone who is able to locate you during the day)

- 1) Name: _____
Phone: _____
- 2) Name: _____
Phone: _____
- 3) Name: _____
Phone: _____

Who is legally responsible for the child? _____

Persons authorized to pick up child:

Persons ***not*** authorized to pick up child:

- 1) _____
- 2) _____
- 3) _____

- 1) _____
- 2) _____
- 3) _____

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Brothers and/or sisters (please indicate ages and whether they live with the child)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Please list any other persons living with the child and their relationship (if any) to the child.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

How did you hear about the Harrison Children's Center?

Would you be interested in volunteering your time? (check any or all that apply)

- Chaperoning field trips
- Helping in the classroom
- Fundraising
- Serving as Parent representative on the Board of Directors
- Center maintenance (i.e. painting, repair work etc.)

Do you have any special talents or interest that you would be willing to share with the children?

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Policy Statement

The Harrison Children's Center is open to all children regardless of race, creed or ethnic origin.

For a child to be admitted to the center the following forms must be completed.

- Registration form
- Application form
- Parent/School Agreement
- Developmental History
- Policy Statement
- 2 Emergency Cards
- Medical form (including immunizations) which must be signed by a physician.
- Payment of the non-refundable registration fee.

No child will be admitted to the center without all of the above forms, which are required by law.

The children are given routine health check each day upon arrival. Any child showing signs of illness (cough, runny nose, sore throat, fever etc.) or infectious disease will not be admitted to the center.

Children attending the center will receive breakfast, a lunch and nutritious snack. We will accommodate any child that requires a special diet.

The Harrison Children's Center

Daily Schedule

7:30-9:00	Arrival, free play
9:15-10:00	Breakfast
10:00-10:50	Circle time/small group instruction
11:00-12:00	Outdoor play
12:00-12:30	Lunch
12:30-2:30	Rest time
3:00-3:30	PM Circle time
3:30-4:00	Snack
4:00-5:30	Outdoor play/small group instruction
5:30	Closing time

Please be sure to pick your child up by 5:30 p.m. Persistent lateness will result in a late fee.

If your child will be absent please call the Center by 9:00 a.m.

I have read the policies set forth by the Harrison Children's Center and agree to abide by the rules.

Parent/Guardian's Signature: _____

Name of Child: _____

Date: _____

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Parent-School Agreement

- 1) The following is your child's monthly fee \$_____
- 2) The tuition for all programs is due in advance.
- 3) There will be no refund if your child is absent from the center.
- 4) We ask your cooperation regarding Center hours. The Center opens for child care at 7:30 a.m. and closed at 5:30 p.m. Please be sure to pick-up your child by 5:30 p.m. persistent lateness will result in a late fee.
- 5) The health of your child and all the children in the center is very important to us. Children are very generous about sharing their diseases with each other; therefore you are asked to keep your child at home when/he she has any signs of illness.
- 6) Persons authorized to pick up child:
 - 1)
 - 2)
 - 3)

Persons ***not*** authorized to pick up child:

- 1)
- 2)
- 3)

No person or persons other than those specifically authorized by the child's parents will be allowed to pick up a child unless he/she has a note written and signed by the parent. Proper identification must be provided at pick up. (Picture I.D.)

7) I give my permission to the center for the following:

- a) To allow my child to leave the center to go on field trips, neighborhood walking trips and to use Harrison's public parks.
- b) To seek emergency medical treatment for my child in case I am unavailable when such treatment is needed.
- c) To allow my child to appear in photographs taken by the center and to allow any pictures of my child to be released for publication in newspapers, brochures, for fundraising or public relations.

8) I give the center permission to contact my child's previous center/nursery school and physician.

9) I give permission to the Center to include my child's name, address, and phone number on a center list for the exclusive use of current Center families.

10) I am responsible for transporting my child to and from the Center and will not hold the Harrison Children's Center responsible for my child during that time.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT, AND THAT YOU ARE WILLING TO ABIDE BY THE TERMS THEREOF. THE CENTER WILL NOT BE RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.

I further understand that this agreement will expire on September 1, 20____

Signature of Parent/Guardian: _____

Date: _____

The Harrison Children's Center

Development History

Child's Name: (Last/First) _____

Birth Date: _____

Personal History

Type of Birth: _____ Normal: _____ Premature: _____

Any Complications? _____

Age he/she began sitting: _____ Walking _____ Crawling _____

Is he/she a good climber? _____ does he/she fall easily? _____

Age he/she began talking: _____ Does he/she talk in words? _____

Does he/she talk in sentences? _____

Does he/she have any difficulties in speaking? _____

Does he/she speak any other languages? _____

Special words to describe his/her needs: _____

Any serious separations from parents or siblings? _____

Health

What arrangements can you make for your child's care during illness?

Doctor's Name: _____

Address: _____ Phone: _____

What communicable diseases has the child had?

_____ Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough

Any serious illnesses or hospitalizations? _____

Any physical disabilities? _____

Any Known allergies (asthma, hay fever, insect bites, medicines)? _____

How many colds has your child had this past year? _____

How does the child react to an elevated temperature? _____

Special Instructions if child become(s) ill _____

Any medication given regularly? _____

Eating

Is child usually hungry at mealtime? _____ between meals? _____
What are his/her favorite foods? _____
What foods are refused? _____
Does your child have any eating problems? _____
Any food allergies? _____ Does child eat with a spoon? _____
Does child eat with a fork? _____ Does your child eat with his/her hands? _____

Toilet Habits

Can child be relied upon to indicate his bathroom wishes? _____
What word is used for urination? _____ Bowel movement: _____
Does child need to go more frequently than usual for his/her age? _____
Is he/she frightened of the bathroom? _____ Does he/she need help toileting? _____
Does he/she have accidents? _____
How does he/she react to them? _____
Was the child easy or difficult to train? _____
Does he/she wet his/her bed at night? _____

Sleeping Habits

What time does child go to bed? _____ Awaken? _____
Is he/she ready for sleep? _____ Does he/she have his/her own room? _____
Own Bed? _____ Does he/she walk, talk, or cry out at night? _____
What does he/she take to bed with him/her? _____
What is his/her mood on awakening? _____
Does he/she take naps? _____ from when _____ to _____

Social Relationships

Has he/she had experiences in playing with other children? _____
By nature is he/she friendly? _____ Aggressive? _____ Shy? _____
Withdrawn? _____
Does he/she get along with his/her siblings? _____ other adults? _____
With what age does child prefer to play? _____
Does he/she know any children at the Center? _____
Do you feel he/she will adjust easily to day care situation? _____
Does he/she enjoy being alone? _____
How does he/she relate to strangers? _____
Does he/she demand a lot of adult attention? _____
What makes him/her mad or upset? _____
How does he/she show his/her feelings? _____

Is he/she frightened of any of the following:

_____ animals _____ tall people _____ rough children _____ loud noises
_____ dark _____ storms _____ other (describe) _____

Favorite toys and activities at home _____

Does he/she like to be read to _____ Listen to music _____

Does he/she prefer to play outdoors? _____

Can he/she ride a tricycle? _____

Has he/she had any experience with:

_____ clay _____ scissors _____ painting _____ blocks _____ water play

Behavior

How does he/she express feelings? _____

Does the child separate from you with ease? _____

How does the child make transitions? _____

How does child react to new situations? _____

What kind of discipline do you use? _____

What are your child's strengths? _____

What are your child's weaknesses? _____

What are your goals for your child this year? _____

CHILD ABUSE/NEGLECT PROTOCOL

As a child care provider, it is my responsibility to report any and all suspected child abuse and/or neglect. I cannot turn my back on a child that has been abused. Therefore, if I suspect there is any kind of child abuse and or neglect, I will contact Children's Protective Services. Please note that I am a mandated reporter.

Daily Health Checks

On a daily basis we will conduct health checks for any indication of sickness and/or injuries from home. If an accident occurs during care you will receive a written report.

By signing this form, you agree that it is in the best interest of your child/children.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
	Date