



Rosa Venerini
Early Childhood Center

1840, Van Vranken Ave., | Ph: (518) 372 5961
Schenectady, NY 12308 | Fax: (518) 372 7337

Student Enrollment Form

Child's Name: _____ Sex: M F

Birthdate: _____ Birth Place: _____ Ethnicity: _____

Child's Home Address: _____

Home Phone: _____

1st Parent's Name: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Address: (if different from child) _____

2nd Parent's Name: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Address: (if different from child) _____

Child lives with: Both Parents Mother Father other: _____

Emergency Contact(Other than parents)

1. _____ Phone #: _____

2. _____ Phone #: _____

Pediatrician: _____ Preferred Hospital: _____

Parent Signature: _____ Date: _____

Registration Fee: \$75 Cash or Check # _____



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2020-2021

School Year Programs

Full Day School (9am-3pm)

_____ T/TH	\$90/wk
_____ M/W/F	\$120/wk
_____ 5 Days	\$175/wk

Half Day School (9am - 12:30pm)

_____ T/TH	\$235/mo
_____ M/W/F	\$260/mo
_____ 5 Days	\$315/mo

Before Care Program

8:00 am Drop-Off

_____ 5 Days \$40/wk

7:00 am-8:00 am Drop-Off

_____ T/TH	\$30/wk
_____ M/W/F	\$35/wk
_____ 5 Days	\$55/wk

After Care Program

4:00 pm Pickup

_____ 5 Days \$55/wk

4:00 pm-5:30 am Pickup

_____ T/TH	\$40/wk
_____ M/W/F	\$50/wk
_____ 5 Days	\$70/wk

Child care hours needed: _____ to _____

****Any additional hours must be Pre-approved by Director & Pre-Paid****

Additional Hours are billed by the hour at a \$15/hr. (This fee is not divided in halves or quarters)

Sibling Discount: 10% Off on Lower cost tuition

✧ Parent Contract MUST be read and signed by parent(s)/guardian(s) before child begins school



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Personal Data : Family & Social History Form

Child's Name: _____ DOB: _____

Parent Info

Legal guardian 1: Mother Father other: _____

Name: _____ Age: _____

Legal guardian 2: Mother Father other: _____

Name: _____ Age: _____

Marital Status: Married Living Together Separated Divorced Stepparent

Custody/Visiting arrangements: _____

Brothers & Sisters

Name: _____ Age: _____ Grade in School: _____

Name: _____ Age: _____ Grade in School: _____

Name: _____ Age: _____ Grade in School: _____

Child Experiences

Has child had group play experience? _____ Where? _____

Does child have playmates? _____

What are your child's favorite indoor/outdoor activities? _____

Does your child have fears that you are aware of? _____

Development History

At what age did your child:

Crawl: _____ Name simple objects: _____ Sit up on own: _____

Repeat short sentences: _____ Begin toilet training: _____

Sleep through night: _____ Complete toilet training: _____

What word does your child use for Urination: _____ Bowel Movement: _____

Does child dress self? Y N Undress self? Y N



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Personal Data : Family & Social History Form Cont.

NAPPING AGREEMENT

Infants*: I agree to have my child nap in/on a **mat**, **crib**, **pack & play** placed in the infant room.

Toddlers: I agree to have my child nap in/on a **mat or** **cot** placed in the classroom.

Preschool/Pre-K/UPK : I agree to have my child nap in/on a **mat or** **cot** placed in the classroom.

*Sleeping arrangements for **infants** require that the infant be placed on his or her back to sleep, unless medical information is presented by the parent that shows that this arrangement is inappropriate for that child.

Sleep Schedule: Regular bed time : _____ to _____ Does your child have interrupted sleep? Y N

Do you have concerns about your child's development?

Speech Fine Motor Gross Motor Behavior Social/emotional

How would you best describe your child's personality? _____

What are your daycare expectations? _____

Please explain any special family traditions or celebrations that you would like to share with us:

Home Language Questionnaire

1. What language(s) is spoken in student's home or residence?

English Other: _____

2. What language(s) are spoken most of the time to the student, in the home or residence?

English Other: _____

3. What language(s) does the student Understand?

English Other: _____

4. What language(s) does the student speak?

English Other: _____

5. In your opinion, how well does the student understand and speak English?

Very Well

Only a Little

Not at all

Understands English

Speaks English



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Emergency Authorization Form for Medical Emergency Treatment

Child's Name: _____ DOB _____

As parent or legal guardian of _____, a minor, I hereby give my consent to Rosa Venerini ECC or Schenectady UPK to seek medical treatment in the event of an emergency. I hereby give my consent to ELLIS HOSPITAL to provide any treatment and conduct any tests which are required necessary treatment to the above named minor in my absence.

Pediatrician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Last Tetanus: _____ Religion: _____

In the event of any emergency in which the above named physicians are not available, I give my consent to provide treatment by ELLIS HOSPITAL Medical/Dental staff member on duty.

Other Pertinent Medical Information: _____

Insurance Information:

ID Number: _____ Group Number: _____

Subscriber Name: _____

Billing Address: _____

Parent/Legal Guardian Employer: _____

Employer Address: _____

Parent/Legal Guardian Phone: _____ Address: _____

Signature of Parent/Legal Guardian: _____ Date: _____



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Health History

Child's Name: _____ DOB _____

Does your child have a history of:

- High Fevers Ear Infections Colds Chicken Pox Scarlet Fever
 Diabetes Hepatitis Mumps Measles

Is your child on any medication? Please list medications and dosage: _____

Has your child ever been hospitalized? When and for what? _____

Has your child had any serious accidents? Describe. _____

Allergies

Does your child have any allergies? Y N Unknown

List child's allergies: _____

Signs of allergic reaction:

- Asthma Difficulty Breathing Swelling Hay Fever Hives

Other: _____

Do you know what the allergy is caused by? _____

Has your child been to the dentist? Y N Dentist: _____

Has your child had: Vision Screening? Y N Hearing Screening: Y N

Is there anything you would like to share about your child's health?

Medical Release

I hereby give consent to the following healthcare agency

_____ to release medical information on

_____ (Child's Name)

Signature: _____ Date: _____



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Authorized Release Form

I, _____, give the following people permission to pick up my child, _____, from Rosa Venerini ECC. I, & the people listed below, understand that if someone other than myself, the parent, pick up my child, he / she will be required to present photo identification. The child will not be able to leave the center with an adult who 1. Is not listed on the registration form as a parent or 2. Is not listed on this authorization form or 3. Does not have a photo identification.

1. Name: _____
Relationship: _____
Phone: _____

2. Name: _____
Relationship: _____
Phone: _____

3. Name: _____
Relationship: _____
Phone: _____

4. Name: _____
Relationship: _____
Phone: _____

Parent Signature: _____ Date: _____

I grant permission to Rosa Venerini ECC to use my child's picture for the following purposes:

- Newspaper Center Website Grant Proposals Displays Video TV Social Media

-OR-

- I do NOT want my child's pictures used for anything other than Bloomz

Parent Signature: _____ Date: _____



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Child's Name: _____ Sex: M F

Birthdate: _____ Birth Place: _____ Ethnicity: _____

Child's Home Address: _____

Home Phone: _____

1st Parent's Name: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Address: (if different from child) _____

2nd Parent's Name: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Address: (if different from child) _____

Child lives with: _____ Both Parents _____ Mother _____ Father

_____ other: _____

Emergency Contact(s) _____ Phone #: _____

Phone #: _____

Pediatrician: _____ Preferred Hospital: _____

Parent Signature: _____ Date: _____

Referred by: _____

Registration Fee \$75 _____ Cash or Check # _____

Office Staff Signature: _____ Date: _____

****Credit Card Not available for Registration Fee****



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Student Enrollment Form

Child's Name: _____

2020-2021
Infant Programs
7:00am-5:00pm

_____	T/TH	\$130/wk
_____	M/W/F	\$180/wk
_____	5 Days	\$275/wk

**As per the OCFS requirement infants are allowed to stay in Child care for a maximum of 9 hours.

Child care hours needed: _____ to _____

Any additional hours must be Pre-approved by Director & Pre-Paid

Additional Hours are billed by the hour at an \$10 /hr. (This fee is not divided in halves or quarters)

Sibling Discount: (applied to the lower cost tuition)

2nd Child: 10% off – 3rd Child 15% off – 4th Child 20% off

✧ Parent Contract **MUST** be read and signed by parent(s)/guardian(s) before child begins school

Student Permissions Form



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Parent/Provider Financial and Policy Agreement:

I, _____, parent/guardian of, _____, have read, understand and agree to comply with, respect, and take seriously all policies in the Rosa Venerini Parent Handbook of Policies and Procedures. I understand that all tuition and fees associated with childcare at Rosa Venerini ECC must be paid on the child's first day of scheduled childcare by drop-off each week. A late fee of \$5 per child per business day will be assessed for any tuition payments received late, beginning the following morning after the fee due date.

Fees to be paid on _____ Mondays by 9am _____ Tuesdays by 9am

Method of Payment: Cash Check Credit Card (w/ additional \$3 fee)

Parent/Guardian Signature _____ Date

Sunscreen Application:

I give permission for my child, _____, to wear sunscreen. I understand that I will provide sunscreen with my child's name clearly printed on the bottle. I should apply sunscreen on my child before they come to the Center and give the Rosa Venerini Staff permission to reapply sunscreen as needed throughout the day.

_____ Please allow my child to apply his/her own sunscreen, as needed
_____ Please apply sunscreen on my child as needed

Parent/Guardian Signature _____ Date

Bouncy Bounce:

I give permission for my child, _____, to use the Bouncy Bounce at Rosa Venerini under the supervision of Rosa Venerini staff from July 2, 2018 through August 24, 2018.

Parent/Guardian Signature _____ Date

Social Media:

I give permission to Rosa Venerini ECC to use my child: _____'s picture for the following purposes: (please initial next to those you agree to):

_____ Newspaper _____ Center Website _____ Grant Proposals
_____ Displays _____ Bloomz _____ Social Media

-OR-

_____ I do NOT want my child's pictures used for anything other than school displays.