

# FUNSHINE

## NURSERY SCHOOL

Located at 208 Rockefeller Lane, Red Hook, NY 12571  
Mailing address P.O. Box 323, Red Hook NY 12571

### 2024-2025 Admission Application

Hours of Operation – 7:00am-5:00pm

Today's date: \_\_\_\_\_

I/We hereby apply for admission for \_\_\_\_\_ (Child's name)

Anticipated start date: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_

#### **Toddlers (18 months) (3 day minimum required)**

Please indicate the time of drop off and pick up. You may also choose our 9am-12pm program option

1. M \_\_\_\_\_ to \_\_\_\_\_ Tu \_\_\_\_\_ to \_\_\_\_\_ W \_\_\_\_\_ to \_\_\_\_\_ Th \_\_\_\_\_ to \_\_\_\_\_ F \_\_\_\_\_ to \_\_\_\_\_

**Or**

2. 9:00am – 12:00pm \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

#### **Three Year Old AM Program (2.9 years) (3 day minimum required)**

Please indicate the time of drop off and pick up. You may also choose our 9am-12pm program option

1. M \_\_\_\_\_ to \_\_\_\_\_ Tu \_\_\_\_\_ to \_\_\_\_\_ W \_\_\_\_\_ to \_\_\_\_\_ Th \_\_\_\_\_ to \_\_\_\_\_ F \_\_\_\_\_ to \_\_\_\_\_

**Or**

2. 9:00am – 12:00pm \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

#### **Four Year Old/Pre K Program (3.9 years) (3 day minimum required)**

Please indicate the time of drop off and pick up. You may also choose our 9am-12pm program option

1. M \_\_\_\_\_ to \_\_\_\_\_ Tu \_\_\_\_\_ to \_\_\_\_\_ W \_\_\_\_\_ to \_\_\_\_\_ Th \_\_\_\_\_ to \_\_\_\_\_ F \_\_\_\_\_ to \_\_\_\_\_

**Or**

2. 9:00am – 12:00pm \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Parent/Guardian name: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Telephone # home: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work # \_\_\_\_\_

Employer & business address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Telephone # home: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_ Employer &

business address: \_\_\_\_\_

\_\_\_\_\_

In the case of child custody, who has primary custody of your child? \_\_\_\_\_

\_\_\_\_\_

Are there any legal matters that we need to be made aware of? (i.e. order of protection, etc.)

\_\_\_\_\_

\_\_\_\_\_



Child's place of residence:

\_\_\_\_\_

How would you describe your child's temperament/personality? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any fears or worries you would like us to be aware of? \_\_\_\_\_

\_\_\_\_\_

What are your child's bathroom habits? What words does your child use for toileting?

\_\_\_\_\_

\_\_\_\_\_

Does your child nap? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

If potty trained, does your child require a diaper or pull up during nap time? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe your child's napping habits? \_\_\_\_\_

\_\_\_\_\_

Please sign the attached napping agreement required by the state if your child will be napping.

Food restrictions: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Please let us know if your child uses an epi pen, inhaler or has any special medical needs \_\_\_\_\_

\_\_\_\_\_

Schools play an important role in the health and well-being of children. Children with a diagnosed allergy rely on their caregivers to prevent exposure to allergens and have a plan in place in the event of an allergic reaction. Some children may experience events such as an insect bite or exposure to a new food for the first time while at school, which could result in an unexpected allergic reaction. Epinephrine is the first line drug of choice for the emergency treatment of severe allergic reactions. NYS Office of Children and Family Services has partnered with Health First, the authorized distributor of AUVI-Q, an epinephrine auto injector, to provide licensed centers with staff who have completed an online training course on anaphylaxis with three auto injectors, one in each of the following weight class: Infants/Toddlers 16.5-33lbs; Child 33-66lbs and Older child/Adult over 66lbs. There is no medical reason for trained staff to withhold administration of an epinephrine auto injector when anaphylaxis is suspected. We are grateful to have these non-patient specific auto injectors on premise. Please sign below that you have read and understand the information above and understand that if your child experiences an allergic reaction in which anaphylaxis is suspected, an AUVI-Q epinephrine auto injector will be utilized, followed by a call to 911 and then to a parent/guardian or someone designated on your emergency contact list.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



Members of the family that reside with your child (include your pets):

Names Ages Sex

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What language(s) are spoken in your home? \_\_\_\_\_

Are there any special family traditions or cultural customs you would like us to know about? \_\_\_\_\_

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Please describe your child's previous experience in group settings (child care, play groups, etc.) \_\_\_\_\_

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Special interests (What does your child enjoy doing?) \_\_\_\_\_

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What would you like your child to gain by attending nursery school?)

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Do you have any development concerns about your child?

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If so, has your child been evaluated yet? Yes \_\_\_\_\_ No \_\_\_\_\_

State when and where testing has occurred. What were the findings of the evaluations (attach copies of the evaluations)? If services were rendered, state by whom and where and how often services occurred.

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Please know that any information obtained is held in strict confidence. Thank you.



What school district will your child attend? \_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

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**A physician signed physical and immunization record dated within 12 months must be submitted before your child will be able to attend school. See attached medical statement.**

**We request a \$500 family deposit which will be applied to your June 2025 tuition payment and a \$75 registration fee with this application. Both fees are nonrefundable and nontransferable.**

**Date received:** \_\_\_\_\_



**Parental Consent**

I hereby give permission for my child's image to be used on the following:  
Check all that apply.

- Brightwheel communication app
- Funshine Facebook page
- Funshine Instagram page
- Funshine website
- Annual school class picture

Any comments or concerns:

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We have field trips throughout the school year. You will be notified prior to each one. If you would like your child to participate, you must sign a permission slip.

The following person(s) are allowed to pick up my child if I am unable to do so:

Name/relationship to family: \_\_\_\_\_

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

Contact #: \_\_\_\_\_

Name/relationship to family: \_\_\_\_\_

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

Contact #: \_\_\_\_\_

Name/relationship to family: \_\_\_\_\_

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

Contact #: \_\_\_\_\_

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

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

**Emergency Release Form**

Child's name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Telephone # Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Person to call in case of an emergency if parents/Guardians are unable to be contacted.

Name/relationship: \_\_\_\_\_

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

Telephone # Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Physician

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

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Child's Dentist

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

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

Telephone # \_\_\_\_\_

Preferred hospital in case of an emergency

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

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

Telephone #: \_\_\_\_\_

If the child's doctor or dentist is not available, may we call any licensed physician or dentist?

\_\_\_\_\_ Yes \_\_\_\_\_ No



### **Authorization for Medical Care**

I authorize any Funshine staff who are certified in CPR/first aid to perform needed medical care until professional medical care is obtained and/or parents are notified.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I authorize Funshine Nursery School to arrange for possible emergency medical care at (1) the closest hospital available in dire emergency, or (2) the hospital designated. It is understood that a conscientious effort must be made to notify me/us.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If it is impossible to locate me/us and arrangements are made for emergency medical care, I/we will accept the expenses of such care.

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Insurance number: \_\_\_\_\_

Responsible party for insurance: \_\_\_\_\_





# FUNSHINE

NURSERY SCHOOL

I agree to allow my child to nap after lunch. I understand that my child will be napping on a cot or a mat which will be disinfected after each use. I am aware that the center will provide a pillow, pillowcase, sheet and blanket which will be stored in a reusable tote and laundered weekly. I understand that I may provide a special blanket or “lovey” and that bed rolls are not permitted.

I understand that throughout the duration of rest time my child will be supervised by a staff member.

Child's name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

# FUNSHINE

NURSERY SCHOOL

I give permission for a Funshine staff member to remove an embedded tick from my child.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Child's name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*You will be notified immediately via phone if a tick is found embedded on your child.

# FUNSHINE

NURSERY SCHOOL

I hereby give permission for Funshine staff to apply the following to my child as needed:

- \_\_\_\_\_sunscreen
- \_\_\_\_\_insect repellent
- \_\_\_\_\_diaper rash ointment

I understand that I must supply the above indicated items, labeled with my child's name.

Child's name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_