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 (9 hours maximum care)

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? _____

_____

Napping or resting on a cot or mat is a requirement for enrollment in both toddler classrooms. 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

_____

_____

_____

_____

What language(s) are spoken in your home? _____

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

_____

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

_____

_____

Special interests (What does your child enjoy doing?) _____

_____

_____

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

_____

_____

_____

Do you have any development concerns about your child?

_____

_____

_____

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.

_____

_____

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

How would you like to participate in our Funshine community or with your child's class? _____

_____

What school district will your child attend? _____

Is there anything else you would like us to know? _____

_____

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 and 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:
_____

_____

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: _____

Revised 8/16/24

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 repellant
_____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: _____