

2017-2018

Child's Name _____

Tots (age 2) _____ Freshman (age 3) _____ Senior a.m.(age 4) _____ Senior p.m.(4) _____

4's Plus _____

Checklist of Registration Documents to be returned to Registrar

___ Registration Application

___ Participation and Enrollment

___ Tuition Agreement

___ Tuition Schedule

___ Child's Medical Exam and Immunization Record

___ Dental Information

___ Permission to Administer First-Aid

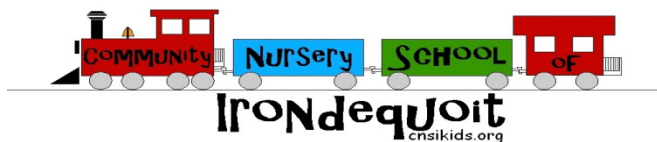
___ Assisting Parent/Family members' TB test form

___ Permission for Changing and Pick-up

___ Photo Release Form

___ Committee Preference Form

___ Background Check Information and Form



REGISTRATION APPLICATION – 2017-2018

Classes – circle choice 2 yr old /Tots 3 yr old/Freshman
W, F – 9:30-1130 a.m. T, Th – 9-11:30 a.m

4 yr old/Senior 4 yr old/Senior 4's PLUS (4 classes per week)
M, W, F – 9-11:30 a.m. M, W, F – 12:30-3 p.m. M, W, F a.m. OR p.m
AND Th 12:30-3 p.m.

Participating in Classroom – yes ___ no ___

Child's Name _____ Nickname if any _____

Mother's Name _____ Preferred Phone _____

Address _____

Work Place _____ Work Phone _____

Email Address _____

Father's Name _____ Preferred Phone _____

Address _____

Work Place _____ Work Phone _____

Email Address _____

How did you hear about CNSI? _____

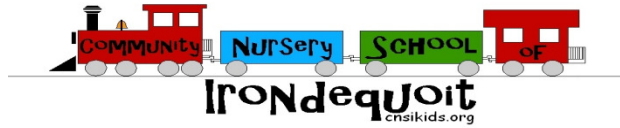
Have siblings attended CNSI? _____ Names/Ages of siblings _____

Preferred email(s) for weekly email _____

Please return to CNSI Registrar with \$70 registration fee in person or by mail. If mailing, send to: CNSI, 644 Titus Ave., 14617.

Contact email for CNSI – sylquatt63@gmail.com

Date registration received _____ Initials _____



644 Titus Ave. Rochester, N.Y. 14617 (585)-266-2108

Permission Form Regarding Changing Children

I give the CNSI teacher or an assisting adult present in the classroom my permission to change my son or daughter in the event (s)he soils his/her clothing due to a bathroom accident or from spills in the school or during outdoor play.

_____ Child's Name

_____ Parent Signature

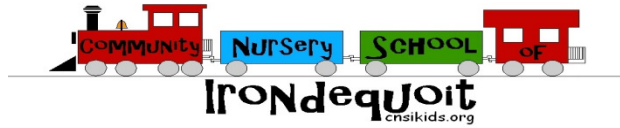
Although background checks are done on every assistant in the classroom, CNSI respects the wishes of families who prefer that only an adult of the same sex as their child helps their child or that only the teacher changes the child. If you have stipulations such as these, please list below:

Permission Form Regarding Child Pick-Up

I, _____, give the following people permission to pick up my child from school. I understand that if something comes up and someone not on the list needs to pick up the child, a note will be written to the teacher with the name of the person and if I would like their ID to be checked, I will include that in the note.

**If there are extenuating circumstances such as restraining orders, custody issues, etc. that prohibit someone from picking up your child, please provide CNSI with the information and documentation necessary for us to keep your child safe and to abide by any court actions.

_____ Parent Signature



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PARENTAL PERMISSION FOR IMMEDIATE FIRST AID TREATMENT

By signing this form, the child's parent or guardian, gives permission for provision of emergency medical care or first aid and/or CPR for this child if the child develops symptoms of illness or injury. This child's parent or guardian named below will be notified of any health problems or injuries as soon as possible after the situation occurs.

Child's Name _____ Birth Date _____

Address: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Parent/Guardian : _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Emergency Contacts if unable to reach parent:

1. Name: _____ Phone: _____
Relationship to child: _____

2. Name: _____ Phone: _____
Relationship to child: _____

Please list any allergies or medical issues that may be pertinent:

Signature of Parent/Guardian

Rev. 1/16

MEDICAL EXAMINATION FORM

NAME: _____

BIRTHDATE: _____

ADDRESS: _____

PHONE: _____

IMMUNIZATION RECORD:

IMMUNIZATION	DATE OF FIRST SERIES	DATE OF BOOSTERS
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	1st	2nd	3rd	1st	2nd
DPT (DtaP)					
Polio					
Hib					
MMR					
Hepatitis B					
Varicella					

HEALTH SPECIFICS

If the answer to any questions below is YES, please provide details in the Comments section below. Please check YES or NO:

Are there any allergies?	YES		NO	
Is medication taken regularly?	YES		NO	
Is a special diet required?	YES		NO	
Are there any hearing, visual, or dental conditions requiring special attention?	YES		NO	
Are there any developmental or medical conditions requiring special attention?	YES		NO	

COMMENTS: _____

On the basis of my findings as indicated above and on my knowledge of above named child, I find the child to be free of contagious and communicable diseases – YES/NO – and to be able to participate in a regular preschool program – YES/NO.

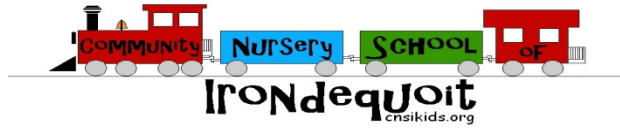
NAME OF EXAMINER _____

PHONE _____

ADDRESS _____

DATE OF EXAM _____

SIGNATURE _____



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PARTICIPATION AND ENROLLMENT AGREEMENT

Child's Name _____

School Year _____

CNSI is not run by any one person. Families, the Board of Directors, and Teachers work together as a team to insure that the school runs as smoothly as possible. We, the undersigned, fully understand the function and organization of the Community Nursery School of Irondequoit, accept the privileges and responsibilities included in membership, and agree to the conditions set forth below:

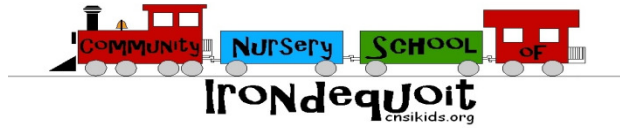
- We agree that one adult family member will serve on a committee or on the Board of Directors.
- We agree to assist and participate in fundraising. Fundraising keeps our tuition low and is necessary to the continued success of our school.
- We agree to participate in mandatory parent meetings and understand that we are welcome and encouraged to attend any and all monthly Board of Directors' meetings.
- Families who have chosen to "assist" understand that they/we have agreed to be helper in the classroom when scheduled. It is their responsibility to provide scheduler with information on their availability and to find substitutes for themselves if a conflict should arise after the schedule is posted.

Signature of Mother/Guardian _____

Date _____

Signature of Father/Guardian _____

Date _____



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PHOTO RELEASE FORM

I hereby give The Community Nursery School of Irondequoit permission to take photographs of my child _____ for the sole purpose of promoting the school.

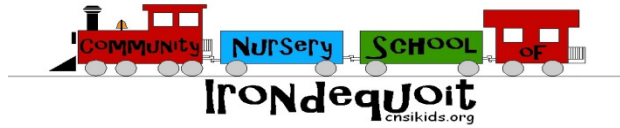
Photos may appear on our website – www.cnsikids.org , on posters displayed at the school, and or in the Irondequoit Post or other publications for time to time. Children’s names will not appear with the pictures.

If you give permission for your child’s picture to appear on the poster board displays at school, but not online, please check here. _____

Printed Name of Parent/Guardian _____

Signature: _____

Date: _____



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CERTIFICATE OF CHEST X-RAY OR TUBERCULIN TINE TEST

This is to certify that _____

(Assisting Adult's Name)

has had a (circle one) CHEST X-RAY or TUBERCULIN TINE TEST

The results of the test were (circle one) NEGATIVE POSITIVE

Date of Reading: _____

Physician's signature and date

Assisting Adult's Signature and Date

Stamp or Printed Name of Physician

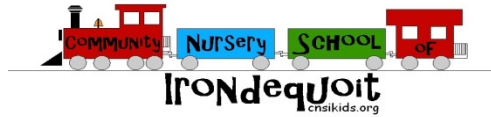
Address/Office

This is written confirmation of negative results of a chest x-ray or tine test within two years of the child entering school.

**Please initial here if you have a tine test result on file with CNSI from last year and are not required to get one this year _____

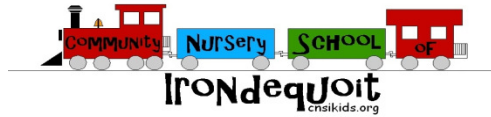
If you, for any reason, do or would always test positive for Tuberculosis, please provide explanation here:

*******Please return this form to the Registrar prior to the first day of school*******



Committee Preference Form – Board of Directors

Position	Description	Choice Number
CHAIRPERSON	Responsibilities include presiding over Board/Parent Meetings, overseeing duties required to run CNSI, and being available to families as a resource.	
VICE CHAIRPERSON	Runs meetings and/or takes over responsibilities of Chair in the event the Chair is unable to. Vice Chair is already a Board Member in another capacity elected in the beginning of the school year to serve as Vice Chair.	x
REGISTRAR	Provides, receives, and updates registration information.	
SECRETARY/CO-REGISTRAR	Takes notes at Board Meetings and distributes minutes to Board and CNSI families. Helps with communication to families.	
TREASURER	Responsible for all financial accounting of school, handling of insurance, payroll, etc.	
EVENTS COORDINATOR	Responsible for coordinating events of CNSI – Boo Bash, Breakfast with Santa, parent nights, etc. Organizes help, scheduling, fliers, etc.	
FUNDRAISING COORDINATOR	Plans fundraising events. Organizes committee to help with Fundraisers, getting info to parents, collecting money, etc. Works with Events Coordinator where appropriate. Also gives info to Treasurer to track fundraisers.	
PUBLICITY	Coordinates publicity for the school – includes advertising CNSI in general, fundraisers, Open Houses, Evens, etc.	



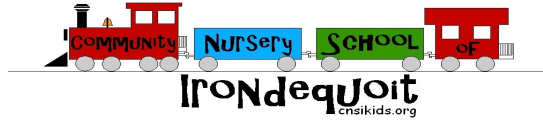
Please select your 3 top choices of possible committees AND/ OR Board of Directors on which to serve – 1, 2, and 3 – 1 being top choice

Committee Preference Form

Committees	Description	Choice Number
BOOK ORDER	Distributes fliers for book club orders. Collects money and forms, places orders and distributes books. Keeps records of incoming books for classroom and orders with teacher from Scholastic points..	
EVENTS	Assists Events Coordinator with planning and execution of in and out of school social activities	
<p data-bbox="110 913 211 934">FACILITIES</p> <p data-bbox="110 1035 425 1056">Set-up and take-down at events</p> <p data-bbox="110 1392 506 1413">Playground and equipment maintenance</p> <p data-bbox="110 1696 246 1717">Housekeeping</p>	<p data-bbox="587 1035 1036 1161">Responsible for setting up and taking down of tables, chairs and displays for functions throughout the year – aka Boo Bash, Breakfast with Santa, etc.</p> <p data-bbox="587 1318 993 1444">Upkeep of fenced in playground including cutting the grass, picking up litter, raking leaves, etc. Also includes repairs to equipment with Board approval of cost.</p> <p data-bbox="587 1539 1026 1665">Cleaning of classroom as scheduled by teacher. Includes mopping, wiping of shelves, washing of dress-up clothes and washing of small toys.</p>	
FUNDRAISING	Assists fundraising Board Member with organizing and maintaining fundraising projects.	

FIELD TRIPS AND PRESENTATIONS	Schedules and plans field trips and presentations to classroom with help of teacher. Provides for follow-ups and thank you's as well.	
PHOTOGRAPHY	Photographs special activities in classroom and field trips. Makes posters of pictures of events to post in school – works with Publicity to use photos in Post, yearbook, etc.	
PUBLICITY	Assists Publicity director in promoting CNSI and advertising events and open houses.	
SCHEDULER	Schedules parents assistants monthly for their child's class.	
WEBMASTER	Manages cnsikids.org and works with Board on content changes.	

Updated 1/17



Dear Parents:

As you know, our preschool program is voluntarily registered with the New York State Education Department. As part of that registration, we need to provide the State Education Department with certain information, including information that pertains to your child's last dental check-up. Please take a moment to complete the bottom section of this form and return it by your child's first day of school. The information provided will be kept in your child's confidential file.

Thank you!

CNSI Board of Directors

Community Nursery School of Irondequoit Dental Exam Information

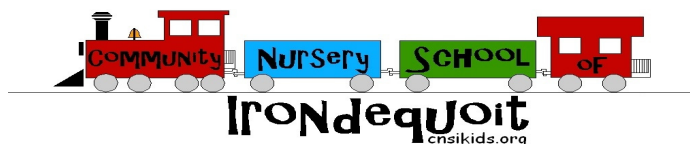
Child's Name _____ Date of Birth: _____

Current Classroom: _____

Date of most recent Dental Exam and Cleaning: _____

Name of Dentist: _____

Dentists or Parents Signature: _____ Date: _____



644 Titus Ave. Rochester, NY 14617 (585) 266-2108

TUITION SCHEDULE

2017-2018

A \$70.00 NON-REFUNDABLE registration fee due at the time of registering your child. If your child is returning, Registration is due by June 15th of the previous year to ensure a spot in the class.

Tuition Paid in full by August 1st will receive a 5% discount.

Tuition may be paid in 4 installments. There is an installment fee of \$10 per payment included in tuition payment amount. Tuition installment fee due dates are Sept 1st, Nov 1st, Feb 1st and April 1st

	Option A (Participating Assistant)	Option B (Non-Participating Assistant)
Tots (2 years old by Dec 1) Wednesday and Friday 9:15 – 11:15	x	\$720 or 4 installments of \$190
Freshman (3 years old by Dec. 1) Tuesday/Thursday 9:00am – 11:30am Morning Only	\$720 or 4 Installments of \$190	\$1125 or 4 installments of \$291.25
Senior (4 years old by Dec. 1) Monday/Wednesday/Friday 9:00am – 11:30am OR 12:30pm – 3:00pm Morning and Afternoon	\$925 or 4 installments of \$241.25	\$1345.00 or 4 installments of \$346.25
4's Plus (4 years old by Dec. 1 st) Monday, Wed., Friday a.m. OR p.m. class AND Thursday 12:30-3	\$1275 or 4 installments of \$328.75	\$1695.00 or 4 installments of 433.75
Bridge to Kindergarten 5 yrs old by Dec. 1 st M-F afternoon 12:30-3		\$1650.00 or 4 installments of \$452.50

There is a 5 day (Business Days) grace period for all payments. After 5 business days, if no payment is received, late fees will be assessed to your account.

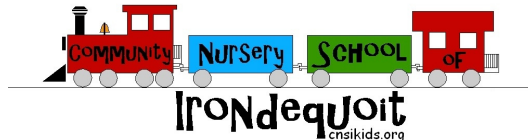
If payment is late there is a \$30.00 late fee that will be added to your outstanding bill. After 4 weeks if no attempt to make payment has been made your child will be ineligible to attend class until all unpaid tuition and

fees have been collected.

All accounts past due for more than 90 days can be sent to collections. All accounts sent to collections will incur a \$30 collections fee.

If you are having difficulty (or anticipate difficulties) making payments please contact the Chairman and or the Treasurer as soon as possible so that other arrangements can be made.

THERE WILL BE A \$30.00 SERVICE CHARGE COLLECTED ON ALL RETURNED CHECKS.



Tuition Agreement Signature Form

We, the undersigned, fully understand the function and organization of the Community Nursery School of Irondequoit, accept the privileges and responsibilities included in membership, and agree to the conditions set forth below:

- We agree to pay the tuition amount as stated above and by the dates listed.
- We agree to the terms and conditions of the installment fee.
- We understand that failure to make a payment by the due date with result in late fees and that if no payment is made within 4 weeks our child will be ineligible to attend class until all unpaid tuition and fees have been collected.
- We understand that all past due tuition will be sent to collections if not paid within 90 days.
- We understand that Registration and Tuition is non refundable except under the following conditions and from the date of departure:
 - Written doctor's note
 - Moving out of state
 - Withdrawal of child at request of school (Tuition only)
- We choose (please select one):

A _____ To Assist in the classroom when scheduled and pay Option

_____ To be a Non-Participating parent and pay option B

Childs
Name: _____

Signature of Mother/Guardian: _____

Date: _____

Signature of Father/Guardian: _____

Date: _____

Dear Parents/Guardians of CNSI,

As parents and guardians for the students of CNSI, we all know that it is run by parents. Cooperative by definition means working or acting together willingly for a common purpose or benefit. As a member of the Board/Board of Trustees, I can tell you that we are constantly trying to assess how things work and what we can do better at the school- to maximize the experience of both students and parents at CNSI.

A few years ago at CNSI, we implemented background checks. The IUC church currently does this for all of its volunteers and since CNSI pays rent to the church to have our school there; it only seems right and necessary to continue this process with the parents/guardians that are assisting and in contact with the children of CNSI.

Anyone assisting in the classroom will have to have a basic background check completed on them. CNSI will be paying for the background checks. If you/or a family member/friend are assisting in the classroom this is the letter to start this process. You will be getting a letter in the mail/email, It contains a release of information, please note that anyone assisting or might be assisting in the future, needs to fill out one of these releases and hand it in.(if your family needs more than one, please contact Sylvia and she will email you, mail you or you can come pick up how many more you will need). This policy is for each assister at CNSI School, not for family or friends who just drop off or pick up children. Hopefully next year this information will be included with the registration process.

If you are not assisting in the classroom and are paying the non-assisting price for tuition you will not have to have a background check completed. However you will know that CNSI is doing all we can to keep kids safe while in the classroom. Also if you have said that you wanted to assist in the classroom but choose not to do a background check- then you will be required to pay the non-assisting tuition. If you have not completed the required forms before the start of school then you will be suspended from assisting, and you would have to pay the non-assisting price until you get the release forms turned in and the background check is complete.

I can say that the CNSI board and board of trustees are in agreement that the safety for all of our children is of the utmost importance, and CNSI wants to make sure of this in every way possible. We want the children of CNSI to have the safest, best experience, and most fun school year ever.

***Please hand in or mail back the release of information ASAP, no later than 8/24/2016 (parent orientation).**

Feel free to contact Sylvia or any board member with any questions.

Sincerely,

Kerri Bauer

CNSI-Board of Trustees

Permission to Obtain a Background Check

(This form authorizes the church/organization to obtain background information and must be completed by the applicant.)

In the interest of safety and security I, the undersigned applicant (also known as "consumer"), authorize, **Community Nursery School of Irondequoit**, through its independent contractor, First Advantage, to procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Community Nursery School of Irondequoit**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

(Please keep the top portion of this form on file for up to seven years. The bottom portion may be shredded or given back to the applicant after the report has been ordered.)

Identifying Information for Background Information Agency

(also known as "Consumer Reporting Agency")

Print Name: _____

First Middle Last

Other Names Used (alias, maiden, nicknames): _____

Current Address: _____

Street /P. O. Box City State Zip Code County Dates

Former Address: _____

Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Home Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth: _____ Gender _____