



REGISTRATION PACKET for 2010-2011

Thank you for registering with Hebron Center Nursery School for the 2010-2011 School Year. We have received your Enrollment Agreement, Registration Form and Required Fees (the \$100 registration fee, and one month's tuition that will be applied to the month of June 2011 (\$168.00 for M-W-F classes; \$135.00 for Tu-Th classes).

We now need you to complete additional required forms for the 2010-2011 School Year. They are contained in the attached packet. Please review the forms and complete them as soon as possible.

ALL FORMS MUST BE RETURNED BY JUNE 1, 2010 to:

**HCNS
Attn: Enrollment
P.O. Box 137
Hebron, CT 06248**

If these forms are not returned by June 1st, we will assume that you no longer wish to enroll your child in HCNS and we will take the next person on the waiting list. Any monies paid up to this date will not be refunded. The State of Connecticut requires these forms and we must comply with their regulations for licensing reasons. **There will be no exceptions.**

If for some reason you need to withdraw your child from the 2010-2011 school year, you must submit a postmarked, written withdrawal request. In order to be refunded your last months' tuition, we must receive the postmarked written withdrawal by June 1, 2010. If you withdraw after June 1st you will forfeit all fees paid at registration.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whiten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5961 (voice and TDD). USDA is an equal opportunity provider and employer.

REGISTRATION PACKET 2010-2011

CONTENT DESCRIPTION

I. Important Dates

II. Required Forms to be Completed and Returned that are Contained in the Packet

Child Day Care Center Health Form:

This health form is to be completed by your physician indicating the child's yearly physical and immunization record. We must have a record of the most recent physical and will require a new report when outdated (1 year from check-up date). We strongly suggest your physician write in Vision/Hearing test if performed in the office, and a record of whether the child has had the HIB vaccine. Please allow ample time for your physician to complete these forms.

If your child's birthday falls after June 1, we must have a physical examination form filled out by your Doctor for the most recent exam. (Required by State of Connecticut.)

Rules and Bylaws Consent Form:

This form indicates that you have read and consented with the standing rules and bylaws of HCNS once your child has enrolled.

Emergency Consent Form:

Allows your child to be treated in case of emergency. It also gives us all the necessary telephone numbers to contact you, your spouse, family or friend in case of an emergency. In addition, this form contains a list of people authorized to pick your child up at school.

Field Trip Permission Slip & Guidelines:

This form gives permission for your child to attend any HCNS field trip.

Developmental Form:

This form gives your child's social and developmental history.

Volunteer Information Form:

This form is for volunteering to help out other parents while they are fulfilling their parent-of-the-day responsibilities.

Photography/Publicity Consent Form:

This form will allow you to give permission/deny permission for your child to be photographed and identified for publicity purposes.

Parent Buy-Out Option Form:

HCNS will now be offering a buy-out option for parent of the day (POD) responsibilities. This option is being offered to accommodate families with two full-time working parents, families with younger siblings, or families who are unable to fulfill their parent of the day responsibility for other reasons.

To participate in the POD buy-out, the family will commit to an additional monthly payment of \$40.00/month to be paid with the monthly tuition. This commitment will be for the full school year, September-June and will relieve the family of participating in the classroom on a monthly basis. (Families will still be required to be on a committee)

The number of families able to buy-out will be limited and offered on a first come first serve basis. The reason for the limit on the buy-out is to not increase the POD responsibilities on the families that will participate in the POD.

HEBRON CENTER NURSERY SCHOOL

2010-2011 IMPORTANT DATES

Please mark your calendars accordingly, as this is the only notification you will receive regarding the following dates:

June 1st, 2010-

All Attached Forms Due – including medical forms.

Forms not returned to HCNS Health & Safety Chairperson by this date will forfeit your child's position in HCNS.

June 9, 2010 -

Wednesday, 7:00 p.m. Change over Board Meeting

All newly elected Board Members as well as current Board Members should plan on attending.

July 14, 2010 -

Wednesday, 7:00 p.m. HCNS Board Meeting

August 11, 2010-

Wednesday, 7:00 p.m. HCNS Board Meeting

Regular monthly Board Meeting, all parents are welcome to attend.

August 18, 2010-

Wednesday, 7:00 p.m. Mandatory Parent Orientation Meeting



State of Connecticut Early Childhood Health Assessment Record



To Parent or Guardian:

In order to provide the best experience, early childhood providers must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the health evaluation (Part II). State law requires complete primary immunization and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse, a physician assistant or the school medical advisor prior to entering an early childhood program in Connecticut.

Please print

Name of Child (Last, First, Middle)		Social Security Number	Birth Date	Sex
Address (Street)		Race/Ethnicity		
(Town and ZIP code)		<input type="checkbox"/> American Indian	<input type="checkbox"/> White, not of Hispanic origin	
		<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	
		<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Other	
Parent/Guardian (Last, First, Middle)		Home Phone Number	Work/Cell Phone Number	
Early Childhood Program			Program Phone Number	
Primary Health Care Provider	Preferred Hospital	Health Insurance Company/Number* or Medicaid/Number*		

* If applicable

If your child does not have health insurance, call 1-877-CT-HUSKY

Part I — To be completed by parent

**Important: Complete Part I before your child is examined.
Take this form with you to the health care provider's office.**

Please check answers to the following questions in columns on the left.
(Explain all "yes" answers in the space provided below.)

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any concerns about your child's general health, development or behavior? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child been diagnosed with any chronic disease <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> seizure disorder <input type="checkbox"/> other _____ |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies (food, insects, medication, latex, etc.)? Please specify: _____ |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child take any medications (daily or occasionally)? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child had any hospitalization, operation, major illness or injury, or significant accident? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | In the last 12 months, has your child experienced any difficulty with wheezing or excessive night coughing? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | In the last 12 months, has your child experienced any difficulty with excessive weight loss or weight gain, or excessive thirst or urination? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child had a dental examination in the last 12 months? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Would you like to discuss anything about your child's health with the child care provider or health consultant/coordinator? |

Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in the early childhood program.

Signature of Parent/Guardian	Date
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ED191 REV. 8/2004 C.G.S. Section 10-16c, 10-206, 19a-79(a), 19a-87b(c);
P.H. Code Section 19a-79-5a(a)(2), 19a-87b-10b(2)

To be maintained in the child's Health Record

Hebron Center Nursery School
2010-11 Standing Rules and Bylaws Informed Consent Form

As a member of HCNS, I understand and agree to comply with the Bylaws and Standing rules which are available on the HCNS web site www.hcns.org or by request.

I have been advised that references made to refunds in the registration packet, Bylaws and Standing rules are as follows:

If a parent withdraws their child from school prior to June 1st along with a postmarked written letter to withdraw, they will be refunded the tuition payment only. However, if the parent withdraws the child from the school after June 1st no refund will be given.

Signature of responsible parties:

Parent/Guardian _____

Date _____

HEBRON CENTER NURSERY SCHOOL

EMERGENCY CONSENT FORM

Child's Name: _____ Class: _____

In the event that the above named child becomes ill or is injured, I understand that a reasonable attempt will be made to contact me or my spouse:

Parent's Name: _____

Home Address: _____ Phone: _____

Business Address & Hours (Mr.) _____

_____ Phone: _____ Cell Phone _____

Business Address & Hours (Mrs.) _____

_____ Phone: _____ Cell Phone _____

Nearest relative - other than a parent (regardless of distance)

Name _____ Phone: _____

Address _____

I give permission for the following person (s) to assume temporary care of and to provide transportation for my child if we, the parents, cannot be contacted (i.e. local friend, neighbor, relative,...), we suggest you include the child's regular baby sitter.

1. Name _____ Phone _____

Address _____ Relationship _____

2. Name _____ Phone _____

Address _____ Relationship _____

3. Name _____ Phone _____

Address _____ Relationship _____

Child's Physician or Clinic _____

Address _____ Phone _____

HEBRON CENTER NURSERY SCHOOL

EMERGENCY CONSENT FORM (Cont'd)

Known Medical Conditions _____

Allergies and expected reactions _____

Is treatment usually required? _____

Date of last Tetanus shot (last DPT or immunization record): _____

If, in the opinion of the teacher/aids, an emergency vehicle requires emergency transportation to a hospital, I give permission for such transport.

If the situation permits, I prefer one of the following hospitals: (We suggest the hospital (s) where your pediatrician practices). _____

If the situation permits, I prefer one of the following surgeons: _____

I authorize any licensed physician to provide proper treatment, order injections, hospitalization, give anesthesia, or perform surgery for:

Child's Name _____ Age _____

During my absence while my child is under the care of the Hebron Center Nursery School, Inc. I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment, which the physician may deem advisable in the exercise of their best judgment.

Signature _____

Relationship _____ Date _____

FIELD TRIP GUIDELINES

General Policy

1. Field trips will be determined by the teacher and organized by the Chairperson of the field trip committee. All trips are planned as a learning experience for the children and will be considered of equal significance. All students will participate as a group.
2. Parents will be responsible for transporting their child to the field trip destination, where they will sign their child in. They may leave, and return to pick up their child at the end of the visit. Parents who are scheduled as parent of the day, or who sign up to be a chaperone will be required to stay for the field trip.
3. Parents may wish to arrange carpools among themselves. It will be the responsibility of the parent to be sure their child is in a proper car seat and is transported to and from the destination on time.
4. The teachers will not usually act in chaperoning capacity.

Teacher's Duties

1. Choose location and appropriate date of each trip.
2. Keep the Chairperson aware of possible personality clashes with the children.
3. Take the small first-aid kit and copies of the Emergency Consent forms of all trips.

Chaperone's Duties

1. Watch the group to which you are assigned at all times.
2. During the visit, be aware of possible dangerous situations and do not hesitate to warn and speak firmly to the children when necessary.
4. Unless there is an emergency with the chaperone's own child, chaperones must stay with their assigned children until they are signed out by their parent.

HEBRON CENTER NURSERY SCHOOL

FIELD TRIP PERMISSION SLIP

Several field trips will be taken during the school year. You will be given advance notification of the places and dates of each field trip. An appropriate number of chaperones additional to the teachers will accompany the children at all times.

One field trip with bus transportation usually occurs during the year.

I hereby give permission for my child to attend any Hebron Center Nursery School field trip:

I furthermore agree to make a one-time payment of \$20, due in September tuition payment, to cover fieldtrip expenses:

Child's Name: _____

Date

Parent's Signature

Child's Class (please check)

_____A (Tues, Thurs. - 3 year old a.m.)

_____C (Mon., Wed., Fri. - 4 year old a.m.)

_____D (Mon., Wed., Fri. - 4 year old p.m.)

Hebron Center Nursery School- Developmental Form

Physical Development/Milestones: Has your child been particularly fast or slow in:

	Fast	Average	Slow
Walking:	_____	_____	_____
Climbing:	_____	_____	_____
Talking:	_____	_____	_____
Following one/two step directions :	_____	_____	_____
Other:	_____	_____	_____

How long has your child been “potty” trained? _____

Does he/she ever have accidents? _____

If dressed in easy to remove clothing, can he/she take care of himself/herself in the bathroom? ___

If no, please explain: _____

Social/Emotional Development:

List five words or phrases that best describe your child’s personality and character:

What excites your child?

Upsets your child?

What are your child’s favorite playtime activities?

How well does your child typically respond to new situations, whether they be people, places, or activities?

Is your child involved in a playgroup/story time/ social activity?

How does your child transition between home and a different setting? i.e. Grandparent’s house, neighbor’s, story time...etc.. If your child is hesitant, what strategies do you use to help ease the transition?

If involved/participating/ focused on an activity, how well does your child transition from that activity to another? Again, if hesitant, what strategies do you use to help facilitate the transition?

Have there been events in your child's life that have had a residual effect? Example: had a cavity filled, now apprehensive when going to the dentist? Was barked at by the neighbor's dog, now wary of all dogs?

Does your child have a babysitter other than relatives?

Is your child currently in a daycare situation? (home/group) Please explain.

Family/Parenting:

What strategies or methods of discipline are most effective with your child?

What activities do you share and enjoy as a family?

Are there people in your nursery schooler's life who have a talent/hobby/passion/??? and would like to share their expertise with the class?

What hopes and dreams (social/emotional/academic) do you have for your child's development this year?

How do you hope the school may help your child's development? Examples are: to give experience in group play with others his/her own age; to overcome shyness; to learn consideration for others, etc.

A last few things you should know about my child.....

HEBRON CENTER NURSERY SCHOOL

VOLUNTEER/PHONE TREE INFORMATON

Parents Name _____

Class _____

There are occasions when the parent-of-the-day has other children who need to be watched while that parent is fulfilling their responsibility in the classroom. If you would be willing to watch any children during the class hours, please indicate:

YES _____ I would be willing for those parents in the same class

YES _____ I would be willing for any parents within HCNS

NO _____ I am unable to volunteer at this time

Again, the following information is completely voluntary, but parents have found it helpful to know siblings of classmates, and other parents-at-home.

Sibling's name _____

Age _____

Age _____

Age _____

Age _____

Stay-at-home Mom/Dad _____

Occasionally phone tree messages must be used to relay important information, (such as an unexpected school closing). Please indicate phone number and contact person, (parent or daycare provider) to receive phone tree messages:

Name _____ Phone # _____ Person _____

Publicity Permission /Consent Form

Hebron Center Nursery School would like permission to post pictures of students in school advertisements, newspaper announcements and on the Hebron Center Nursery School website.

Please be aware that it is the school's policy **to NOT publish last names.**

Please sign and return the attached form with your other registration forms. The form below allows photographs to be taken of your child and states that they also can be identified in those photographs by first name. You will also have the opportunity to deny consent of any photography and identification of your child.

(PLEASE CHECK ONE)

I give permission _____ I do not give permission_____

to have _____ (write student's first and last name here)

of Class _____'s picture to be posted in school advertisements, newspaper announcements and on the HCNS website.

Date: _____

Parent Name: _____

Parent Signature: _____

**HEBRON CENTER NURSERY SCHOOL
PARENT OF THE DAY
BUY-OUT OPTION
2010-2011**

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To participate in the POD buy-out, the family will commit to an additional monthly payment of \$40.00/month to be paid with the monthly tuition. This commitment will be for the full school year, September-June and will relieve the family of participating in the classroom on a monthly basis. (Families will still be required to be on a committee)
The number of families able to buy-out will be limited and offered on a first come first serve basis.

The reason for the limit on the buy-out is to not increase the POD responsibilities on the families that will participate in the POD.

I _____ agree to the above and will enroll in the POD buy-out for the 2010-2011 HCNS school year. I understand that my monthly tuition will be: \$208.00 (\$168 plus \$40) for the 4 year old class; \$175 (\$135 plus \$40) for the 3 year old class. I also understand that this is a yearly commitment from September through June.

Approved by _____ Date _____

Child's name: _____ Class _____