

Last Name: _____
Class: _____

SUMMERSVILLE NURSERY SCHOOL ENROLLMENT PACKET



2020-2021



Last Name: _____
Class: _____

REGISTRATION AND ADMISSION PAPERWORK CHECKLIST

Please be sure the following paperwork is completed and returned to the school office or your class coordinator by School Orientation.

MANDATORY FOR ENROLLMENT:

- Parent Contract
- Medical Examination Information
- Emergency Contact Information
- Child Release
- Media Release
- Release and Indemnification Agreement
- Student Emergency Information
- Fundraising Agreement
- Family Profile
- Dental Exam Information
- Confidentiality Agreement
- School Dismissal Policy

Additional form needed for those students with allergies and/or emergency medical protocol:

- Medical Release for Additional Medical Concerns
- FARE (Food Allergy & Anaphylaxis Emergency) Care Plan

Parent signature: _____ Date: _____

For office use:

Received by School Rep (please print): _____

Title: _____

Signature:



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PARENT CONTRACT

This contract, between Summerville Nursery School (SNS), 4845 St. Paul Boulevard, Rochester, NY 14617 and

PARENT(S)

NAME(S): _____

ADDRESS:

(City)

(State)

(Zip)

EMAIL ADDRESS:

(heretofore referred to as “the Parent” throughout this contract) is entered on
(Date) _____ for the purpose of joining SNS and having their child
(First and Last Name) _____ enrolled in

_____.

(Class)

The Parent understands that the Summerville Nursery School is a cooperative nursery school, administered by the parents of the enrolled children, with professional teachers responsible for the children’s programs. As participating members, the Parent agrees to fulfill the obligations set forth below:

SECTION I - Parent Responsibilities

1. At least one of us will serve on the Board of Directors or a position approved by the Board of Directors, provided to parents via the school’s website and the job board posted at school. The Parent understands that the committee chairperson, SNS Board Vice Chair and/or Board Chair will evaluate any and all performance as to the fulfillment of the requirements listed with the job position title. Failure to obtain a position before the first day of school and/or failure to meet job

requirements will result in penalties outlined in the Fine Schedule. Failure to participate in said position is subject to fines as listed in the Fine Schedule. There is not an option to financially fulfill, or buy out, of said position.

2. Each family will have TWO family members/caregivers chosen that will be the assists for the entire school year. Designated assists ensure the utmost safety for all. Both chosen members that will assist in the classroom as required by the rotating schedule set in equal proportion to all other families. Failure to abide by the assisting schedule will result in penalties outlined in the Fine Schedule. When the Parent assists, the Parent will arrange for childcare for other children in the family. The Parent will follow the outline provided by the teacher as to the schedule of the day, arriving 15 minutes before class begins, and remaining for 15 minutes after class. If the Parent chooses to buy out any of the assisting responsibilities, arrangements must be made with the SNS Administrator, and a coupon(s) must be purchased at the beginning of each month in which a buyout assist will be expended. The cost related to the assist buyout(s) will be presented to parents in the registration materials. **Designation of alternative helper is limited to certain circumstances and must be approved in advance by the Board of Directors.*
3. BOTH chosen assists are required to attend the mandatory training session(s). These meetings are held outside of regular school hours. An excused absence will require an additional assist day with a “designated parent trainer” to gain the experience needed. The Parent will also be required to substitute one assist for the “designated parent trainer.” An unexcused absence will result in a fine outlined in the Fine Schedule along with meeting the requirements listed above.
4. The Parent will provide all registration and health-related paperwork by Orientation (date TBD). Failure to do so will result in fines outlined in Section II, as well as delaying the child/children’s first day of class until such paperwork is completed.
5. The Parent will assist in maintaining school standards, school equipment and school grounds.
6. The Parent will assist in money-raising (outside of the scheduled fundraisers) efforts if requested.
7. **PAYMENT POLICY:** The Parent agrees to pay tuition on the following schedule: 50 % by August 1st and the remaining 50% by February 1st. Failure to do so will result in penalties outlined in the Fine Schedule. The Parent understands that tuition payments are non-refundable except by the Board of Directors actions

when extraordinary circumstances prevail. If our child/children withdraw from class, the Parent is responsible to continue tuition payments until the end of the school year or until the time that the slot is filled by another student. The Parent understands that it is our responsibility to contact the billing person and/or Treasurer if an alternate tuition payment plan is needed at any point during the school year. First installment payments made after August 1st place your child's spot in jeopardy for the upcoming school year. First installment payments must be received before your child attends their first day of class or child is unable to attend.

8. Unexpected responsibilities may arise throughout the school year. As a member of Summerville Nursery School cooperative, the Parent understands that the Parent is expected to participate where needed.

SECTION II - Financial Responsibilities

1. The Parents agree to pay the non-refundable \$50 application/registration fee for the first child registering, and a non-refundable \$30 application/registration for each additional sibling.
2. The Parent agrees to pay tuition in TWO installments according the Payment Policy listed above, and that late charges will be applied as outlined in the Fine Schedule.
3. The Parent agrees to participate in all mandatory fundraisers, not to exceed three separate fundraisers annually. The Board of Directors will set the minimum fundraising level for each fundraiser, provided to the Parent in the registration materials. If the Parent chooses to buy out of the fundraising responsibility, a signed Fundraising Buyout form must be on file before the first fundraiser. The cost related to the fundraising buyout will be presented to parents in the enrollment packet materials.
4. The Parent agrees to the fine schedule listed below. Tuition, buyouts, and fines not paid by indicated dates will result in my child/children's inability to attend Summerville Nursery School until the balance due is paid in full. The Parent also understands that the Parent is responsible for tuition payment during my child's absence.
5. Notification of fines will be provided by the Board of Directors via an email and a letter mailed to the address of the Parent listed above.

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FINE SCHEDULE

No show on Assisting Day	\$50 fine
Failure to accept a job by school opening	\$25 fine per month assessed on the first day of school and the 1 st day of each subsequent month in violation
Failure to meet job requirements	\$50 fine per month at the discretion of the Board of Directors Noting that there is not an option to financially fulfill or buyout of this position
Unexcused absence from mandatory training	\$40 fine
Tuition Late Charges	10% late charge immediately applied Additional fees added each week delinquent: -week 2: \$15 fee added -week 3: \$20 fee added -week 4: \$25 fee added -week 5: student(s) cannot return to school until bill has been paid in its entirety. Please note that the first installment and all late fees MUST be paid in order to attend the first day of school.
Returned Check Fee	\$35
Failure to provide registration/health-related paperwork within first month of school	\$10 per month, billed in the next billing cycle
Failure to drop off/pick up students in a timely manner	\$1 per minute following a 5-minute grace period from dismissal time. Exceptions are made at the discretion of the Administrative Coordinator and the Board of Directors.

The Parent agrees to the terms of this contract and understand that failure to meet said responsibilities may result in removal from the school. This contract will be in effect on the date of the signature of the SNS Representative below. It remains effective for the 2020-2021 school year and may be terminated upon agreement of the parents signed below and the SNS Board of Directors.

Parent _____
Date: _____

Parent _____
Date: _____

SNS Rep _____
Date: _____



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MEDICAL EXAMINATION INFORMATION

Please have your child's physician complete this form.

Child's Name: _____
 Address: _____

Date of Birth: _____
 Home phone: _____

Instructions for completion of form – Check box if normal, describe if not normal.

- | | | |
|----------------------|----------------------|------------------------------|
| Height: inches | Weight: lbs. | Hernia..... [] |
| Eyes..... [] | Heart..... [] | Genito/Urinary..... [] |
| Ears..... [] | B/P..... [] | Nervous System..... [] |
| Nose..... [] | Lungs..... [] | Convulsive Disorder..... [] |
| Tonsils..... [] | Skin..... [] | Speech..... [] |
| Teeth/Gums..... [] | Other: | Emotional Status..... [] |
| Nutrition | Orthopedic: | General Condition |
| Glands: | - Structural Defects | |
| - Cervical..... [] | - Spine..... [] | |
| - Thyroid..... [] | - Posture..... [] | |
| - Other..... [] | - Feet..... [] | |

Recommended Physical Activity (check one) Full [] Modified []
 If modified, indicate reason and recommendation:

Medication taken regularly:
 Allergies (food or other):
 Special Considerations:
 Please describe any significant past history or recent physical findings:

Immunizations (please provide complete history)	Dates of Series			Dates of Boosters	
	1 st	2 nd	3 rd	1 st	2 nd
Diphtheria-Pertussis-Tetanus (DPT)					
Polio (IPV)					
Haemophilus Influenzae (Hib)					
Hepatitis B (HepB)				Optional Tests	Date/Result
Measles-Mumps-Rubella (MMR)				Lead Test	
Varicella (req for 2000 birthdate)				TB Test	
Pneumococcal					

NOTE: Parent's signature is required here if lead test was never performed: _____

Provider Name (please print) :

Address: _____ Phone: _____
 Signature: _____ Date: _____

IF YOUR CHILD HAS FOOD ALLERGIES please sign the Medical Release for Additional Medical Concerns.



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EMERGENCY CONTACT INFORMATION

**This form must be completed by anyone assisting in the classroom.*

Name: _____ Date of Birth: _____

Address: _____

Email: _____

Phone: (home) _____ (other) _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____

Contract Number: _____ Subscriber's Name: _____

Allergies: _____

Other pertinent medical information:

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: (home) _____ (other) _____

Last Name: _____
Class: _____

Additional Emergency Contact

Name: _____ Relationship: _____

Address:

Phone: (home) _____ (other) _____



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CHILD RELEASE

Summerville Nursery School Dismissal Procedure: All students will be released to an adult listed on this sheet either in the classroom, or on the playground. Parents/guardians must sign off with the teacher before their child will be released to them for dismissal. In the event of a change of plans, you must provide written permission stating who will be picking up your child, and that adult will be asked to provide photo identification to the teacher. Students will only be dismissed when an approved adult has been properly identified.

My child, _____, may be released to any one of the following individuals upon my absence at dismissal:

Name	Relationship to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that Summerville Nursery School will not release my child to someone NOT listed above unless I notify my child's teacher in writing.

Parent Name (please print)

Parent Signature _____ Date _____



Last Name: _____
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PHOTOGRAPH/VIDEO/SOUND/SOCIAL MEDIA RELEASE

Summerville Nursery School would like to use photographs and videos of our families in promotional materials both in print and on the web through brochures, newsletters, social media (including, but not limited to Facebook, Twitter, Instagram) and the school's website. For Summerville Nursery School to do so, written consent from parents is necessary. Names of SNS students or parents will not be published and these items will not profit the school in any way.

Summerville Nursery School will not publish a photograph or video in which your child is identifiable without your consent.

Please read the following options and indicate your choice below:

I hereby authorize Summerville Nursery School and its Board of Directors permission to use photographs/video/sound of the adults and the minor(s) names below for publicity, promotion, news releases, videos, the Summerville Nursery School website and corresponding social media applications. This may also apply to the written composition or visual art of the minor. I understand that these items can be used indefinitely. I release and discharge Summerville Nursery School from any and all claims arising out of the use of the photograph/video/sound that I or the minor child(ren) listed may have in this regard. I have read the photograph/video/sound/social media release form and understand and agree with the purpose of this permission.

I refuse permission to have the image or work of my child(ren) or myself published.

Name of Child _____ Class _____

Name of Child _____ Class _____

Name of Child _____ Class _____

Parent Name (please print)

Parent Signature _____ Date _____



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RELEASE & INDEMNIFICATION AGREEMENT

- I. In consideration of the acceptance of my child for enrollment at Summerville Nursery School, I the undersigned, hereby waive, release and discharge the staff, management, board, employees and school volunteers of Summerville Nursery School from any claims, causes of action, suits, judgements or demands for damages for personal injury, death or otherwise which I or my child have, or which may subsequently occur to me or my child as a result of care, treatment and medical emergency assistance which may be provided to my child while in the care of Summerville Nursery School. This release is intended to discharge in advance the owners, operators, management, board, employees, volunteers and their respective agents from and against any and all liability arising out of or connected in any way with my child's use and participation in the facilities and programs of Summerville Nursery School and the rendering of medical care and emergency medical treatment to my child by these parties during this use and participation.
- II. This release and indemnification agreement is based upon my desire to have my child attend Summerville Nursery School. Along with this agreement I have completed, signed and dated the Student Emergency Information Form and the Medical Examination Information Form has been completed, signed and dated by a medical professional. The undersigned acknowledges full responsibility to keep information on the said forms current, completed and updated.

I hereby acknowledge that I have read and understand the contents of this document and I execute this document voluntarily, both for myself and on behalf of my child.

Parent Name (please print)

Parent Signature _____ Date _____

***Please note: if your child has allergies, a medical condition or injury, Summerville Nursery School requires the completion of the FARE Care Plan and the Additional Medical Release form included in the registration materials in order to complete the admission process.**



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STUDENT EMERGENCY INFORMATION

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Home phone: _____

Address: _____

E-mail: _____

Parent's Name: _____ Home phone: _____

Address: _____

E-mail: _____

Medical Information

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Contract Number: _____

Subscriber's Name: _____ Group Number: _____

Allergies: _____

Other pertinent medical information: (please list any allergies and emergency protocol here)

Additional Emergency Contacts

Name	Relationship to child	Phone
_____	_____	_____
_____	_____	_____

Last Name: _____
Class: _____

In the event I cannot be reached, I give Summerville Nursery School permission to seek medical emergency treatment for my child.

Parent Name (please print) :

Parent Signature: _____

Date: _____

Last Name: _____
Class: _____



FUNDRAISING AGREEMENT

At Summerville Nursery School the fundraising committee organizes activities to help financially support the school. The school depends on this money in its yearly budget to defray operating expenses and keep tuition payments lower. Profits are also used for items such as playground equipment, new toys, the purchase and upkeep of the copy machine, carpeting for the classroom, teachers' salary increases and window treatments.

Two fundraisers are held each year, one in the fall and one in the spring. Past fundraisers have included the sale of candy, coupon books, wrapping paper and seasonal/holiday items. All families will receive fundraising materials and have the option to participate in all fundraisers; however, you may opt out of the minimum sales requirement by paying a fee.

PLEASE READ THE FOLLOWING OPTIONS AND INDICATE YOUR CHOICE BELOW.

- YES, as a parent of Summerville Nursery School, I agree to participate in fundraising activities during the year to financially support the school. I understand that by agreeing to participate in the two formal fundraisers I am responsible for minimum sales of \$100 for each fundraiser. If the minimum for either fundraiser is not met, the outstanding balance will be accepted at the conclusion of the fundraiser. If the fundraising committee does not receive payment, the balance due will be added to your next tuition bill.

- NO, I do not want to participate in the fundraising activities. In lieu of participation, I agree to pay a non-refundable fee of \$200 for the fundraising buyout, billed in two installments (November and February) during the tuition billing cycle.

Parent Name (please print) _____

Parent Signature _____

Date _____



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FAMILY PROFILE

For our teacher's records, please take the time to fill out this information so that we may have a better understanding of your family!

Child's Name:

Nickname (if preferred): _____ Date of Birth: _____

Address:

Parent #1 Name:

Birthplace: _____ Education: _____

Occupation: _____ Employer: _____

Email: _____

Special Abilities:

Hobbies/Interests:

Parent #2 Name:

Birthplace: _____ Education: _____

Occupation: _____ Employer: _____

Email: _____

Special Abilities:

Hobbies/Interests:

OTHER CAREGIVERS (grandparents, daycare provider, etc.)

Name:

Last Name: _____
Class: _____

Special Abilities:

Hobbies/Interests:

SIBLINGS: Name/Birthdate

Experiences your child has had with groups and/or other adults before nursery school
(Neighborhood, swimming lessons, church school, etc.):

Parents' experience with children – your own or others (playgroups, teaching, etc.):

As parents, what sources of information helped you most dealing with your child(ren)?

What do you hope your child will gain from nursery school?

Why have you chosen Summerville Nursery School?

ABOUT YOUR CHILD

Were there any difficulties in birth and/or delivery?

Has your child been seriously ill, suffered any injuries or had surgery of any kind? Please explain.

Fears:

Allergies:

Last Name: _____
Class: _____

Areas of Strength:

Areas which need strengthening:

Is he/she usually apprehensive or at ease with new experiences? Please explain.

Favorite activities at home:

Last Name: _____
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DENTAL EXAM INFORMATION

Dear Parents,

The Summerville Nursery School program is voluntarily registered with the New York State Education Department. As part of that registration, the school is required 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 to your class coordinator.

Child's Name _____ DOB: _____

Current Classroom:

Date of most recent dental exam and
cleaning: _____

Name of Dentist:

Parent Signature: _____ Date: _____



Last Name: _____
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CONFIDENTIALITY POLICY AGREEMENT

Dear Parents,

We appreciate the commitment and trust you have placed in the staff and pre-school experiences your child enjoys at Summerville Nursery School. We know everyone who walks through our doors believes that children should be nourished as individuals, respected, and provided experiences to help them grow and flourish. The immeasurable support parents give as assistants in the classroom is remarkable and we all thrive because of your dedication.

It is because of our ongoing dedication to each family, and our strong parent support, that we are instituting a Summerville Nursery School confidentiality policy. We are asking parents to respect the privacy of our children and families by not discussing events of sensitive nature that you may witness in the classroom or on our campus. These include things such as behavioral occurrences, school adjustment situations, levels of performance, and other such sensitive issues. This is important to ensure children have the opportunity to grow and change, and most importantly, to respect the privacy of our families.

We feel it is important to stress that this policy is designed to protect our most valuable assets: our children and our families. If you have a question or concern, please address it privately with your child's teacher or our Educational Consultant. Working together to respect all, we will keep Summerville Nursery School a place families are proud to call their child's first school.

Sincerely,

The Board of Directors

I have read the confidentiality policy agreement above and agree to adhere to the guidelines set forth in the policy. Any questions I have regarding events in the classroom will be addressed privately with the teacher and/or the Educational Consultant. Any violation of the privacy policy agreement, as determined by the Board of Directors, will be met with harsh action including, but not limited to, fines that include mandatory assist buyouts, and suspension of my child(ren) from Summerville Nursery School.

Parent Signature: _____ Date: _____

Parent Name (please print):



Last Name: _____
Class: _____

SCHOOL DISMISSAL POLICY

Safety is a priority at SNS. We want to be sure all our children are playing and learning in a safe environment. Teachers and parents will continue to work together to ensure the highest level of safety at dismissal time.

Parent Assistants in the classroom are responsible for helping teachers through dismissal, please be sure all children are with their parents or guardians before starting clean up.

Parents and guardians need to be on time when picking up.

Teachers will not be available to conference with parents until all children have been signed out to an adult.

We know how hectic dismissal is, so we all need to be aware and keep a watchful eye on all our children.

ALL 3 classrooms will have the same Dismissal Procedure.

1. Children will remain in the classroom
2. Parents will sign their child out, then teacher will call his/her name
3. Child will be dismissed

I have read, understand, and agree to the policy above.

Parent Signature

Date



SUMMERVILLE NURSERY SCHOOL FOOD ALLERGY POLICY

The purpose of this policy is to:

- Provide a safe and healthy learning environment for students with food allergies;
- Reduce the likelihood of severe or potentially life-threatening allergic reactions;
- Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction; and
- Protect the rights of food allergic students to participate in all school activities.

Summerville Nursery School is a tree nut, seed and peanut free school.

To meet this guideline, please read the labels on every store-bought product purchased for consumption by the students. Use best judgment, and avoid any product that says: “processed in a facility that also processes nuts” or “may contain traces of peanuts.” Please keep in mind, snack priorities are (1) whole foods – meaning a minimum of ingredients and known origins; (2) diverse color and nutrition that provides a variety of nutrients and benefits to health. Our goal with snacks is to educate students in food origins and healthy dietary choices.

When the student’s allergy is life-threatening, we suggest that the student bring their own snack to school each day, limiting the chance of contamination and allergic reaction.

Birthday Celebrations/Holiday and Special Events

As a general health and wellness effort, parents may consider non-food related birthday items for enjoyment at school (i.e. goodie bags, coloring pages). However, all food related treats must be store-bought, have a clear list of ingredients on the label, and meet our nut-free requirements. *When the student’s allergy is life-threatening, we suggest that the student choose a non-perishable treat to leave at school to have in place of a store bought birthday/special event treat in order to limit the chance of contamination and allergic reaction.*

Emergency Health Care Plans

An emergency health care plan must be developed for each student identified with any food allergy. In each student’s classroom and in the large muscle room, a FARE (Food Allergy & Anaphylaxis Emergency Care Plan) form will be displayed on a wall in plain sight with the student’s picture. It is imperative that the FARE form in the large muscle room also has the necessary treatment (EPIpen, Benedryl, etc.) within close proximity. Parents of the child with any food allergy will be required to complete the FARE form, along with the Summerville Nursery School Medical Examination Information page and

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the Medical Release for Additional Medical Concerns form, and provide it to their class coordinator for distribution.

School Protocol

Staff must be familiar with the FARE form as well as the Medical Examination Information page for each of the students. In the event of an allergic reaction, the protocol indicated on the FARE form will be followed. In the event of adverse reactions, the 9-1-1 emergency medical system will be accessed via telephone, and the emergency contacts provided by the parents will be notified.



Last Name: _____
Class: _____

MEDICAL RELEASE FOR ADDITIONAL MEDICAL CONCERNS

I understand that while best practices are used, my child may come into contact with items, food or otherwise, which they are allergic to and may lead to a serious medical condition. I have provided the school with a completed FARE emergency plan, and I will keep the Medical Examination form and the Student Emergency Information form updated with emergency protocol in the event an allergic reaction does occur and will not hold Summerville Nursery School staff, employees, board and or volunteers liable for any such reaction.

Parent Name (please print) :

Signature: _____

Date: _____