

STUDENT APPLICATION CHECKLIST

- APPLICATION FORM
- EMERGENCY CONTACT FORM
- SCHOOL PICK UP OF STUDENT FORM & ID'S
Please provide a copy of an official NYC Identification for each person
- ALLERGY FORM
- THERAPY FORM
- PHOTO CONSENT FORM
- PROGRAM HOURS & TUITION FORM
- COPY OF STUDENT'S BIRTH CERTIFICATE
- HEALTH FORM
To be completed by Student's Physician
- SCHOOL POLICY & CONTRACT
To be completed upon Admission



108-56 69th Avenue, Forest Hills, NY, 11375
(718) 544-3692
info@foresthillsnursery.com

APPLICATION FORM

Student Name _____ Date of Birth _____

Program Hours _____ Starting Date _____

Home Phone _____

Parent/Guardian Name _____

Parent/Guardian Address _____

City _____ State _____ Zip _____

Parent/Guardian Cell Phone _____

Parent/Guardian Email _____

Parent/Guardian Name _____

Parent/Guardian Address _____

City _____ State _____ Zip _____

Parent/Guardian Cell Phone _____

Parent/Guardian Email _____

Doctor's Name _____ Phone _____

Doctor's Address _____

City _____ State _____ Zip _____

Health Condition: *Please describe any special health condition(s), if any.*

Parent/Guardian Signature _____ Date _____

PLEASE PROVIDE A COPY OF STUDENT'S BIRTH CERTIFICATE

108-56 69th Avenue, Forest Hills, NY, 11375
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EMERGENCY CONTACT FORM

Student Name _____

Name _____

Relationship to Student _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Name _____

Relationship to Student _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Name _____

Relationship to Student _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

In the event that the school cannot reach any of the contacts listed above, the school is hereby authorized to secure emergency treatment for the child. Please notify the school of any changes that are to be made on this form.

Print Name of Parent/Guardian _____

Parent/Guardian Signature _____ Date _____

SCHOOL PICK UP OF STUDENT & ID'S

Student Name _____

LIST THE INFORMATION OF PERSON(S) AUTHORIZED TO PICK UP THE STUDENT FROM SCHOOL.
Please provide a copy of an official NYC Identification for each person.

Name _____

Relationship to Student _____

Phone _____ Email _____

Notes: _____

Name _____

Relationship to Student _____

Phone _____ Email _____

Notes: _____

Name _____

Relationship to Student _____

Phone _____ Email _____

Notes: _____

I authorize the persons listed above to pick up my child from Forest Hills Nursery & Kindergarten.

*Please Note: Upon enrollment, parents of students from PS 303 must put teachers **first and last names** on your **BLUE CARD** for your child to be picked up from PS 303. Thank you!*

Print Name of Parent/Guardian _____

Parent/Guardian Signature _____ Date _____

ALLERGY FORM

Student Name _____

Our facility serves a variety of foods to students. Such foods might have been prepared on or near machinery that may have processed peanuts, dairy, eggs, sesame, and products containing gluten. Birthday parties usually serve foods like pizza and cake purchased by parents. Holiday Parties may contain all the above ingredients. If your child has any allergy to any such ingredients that would be in these foods, please let the staff know so we may work together to see the best way to approach the students safety. It is very important to keep your child as safe as possible and involved in a healthy environment.

Please list all possible food that your child could be allergic to and make sure to have your child's pediatrician's information on file at the school. Feel free to voice any concerns or questions you may have.

Food: _____

Please list any of your child's allergies and any medical conditions that your child may have.

Medication: _____

Any other substance that may cause an allergic reaction: _____

If my child has an allergy, I authorize that my child's name may be posted in the classroom as a reminder to staff to prevent allergic reactions. Please have a licensed physician fill out the Allergy portion of the Health Forms provided, available at the school and online for download at www.foresthillsnursery.com. This is very important to keep your child as safe as possible and involved in a healthy environment.

I, as the parent/guardian, am aware of all the types of foods that are served in the school and understand that my child might be exposed to several of these foods while at the facility. I do not hold Forest Hills Nursery & Kindergarten responsible for any such occurrences or allergic reactions that might take place at school in regards to my child.

Staff members at Forest Hills Nursery & Kindergarten are certified in First Aid/ CPR, Code Ana's Epinephrine Training and any such certifications required by the health department.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____

THERAPY FORM

Student Name _____

Please indicate if your child requires any of the therapy treatments listed below:

YES _____ NO _____ IEP (Individualized Education Plan)

YES _____ NO _____ Speech Therapy

YES _____ NO _____ Physical Therapy

YES _____ NO _____ Occupation Therapy

Does your child need one on one attention? YES _____ NO _____

Is your child being evaluated for special needs? YES _____ NO _____

Does your child have special needs? YES _____ NO _____

Please list any other health conditions that may require therapy or assistance and explain in detail.

PLEASE NOTE: We are not a facility that is geared for multiple therapies daily nor are we equipped for the care of students with any type of special needs. Students who have therapy or special needs will be evaluated for one month to determine if this is the proper facility for the student. If you have any questions, please ask.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____

PHOTO CONSENT FORM

Student Name _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the student named above by Forest Hills Nursery & Kindergarten.

I grant to Forest Hills Nursery & Kindergarten the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Forest Hills Nursery & Kindergarten and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____

PROGRAMS HOURS & REGISTRATION FEE

FULL TIME

8 AM - 4 PM

8 AM - 5 PM

8 AM - 6 PM

PART TIME

8 AM - 2:30 PM

8 AM - 12 PM

12 - 4 PM

2:30 - 6 PM

EXTENDED HOURS

**ADDITIONAL
1/2 HOUR**

**ADDITIONAL
1 HOUR**

REGISTRATION FEE

\$75 (NON-REFUNDABLE)

Student's Enrollment to Begin on: _____

Notes: _____

ALL PROMOTIONS AND TUITION ARE SUBJECT TO CHANGE

Monthly tuition is due on the first of each month. Late fees apply after the fourth day of the month. All payments are final. No refunds. Tuition fees are subject to change. Full tuition is due regardless of any periods of absence for any of the following including sickness, vacation, any personal reasons, school closures on observed holidays and weather days. Late fees apply outside the selected hours, and are not varied. School runs 12 month a year.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____ Date _____