



Registration Packet

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name(s): _____

Welcome to Beach Kids and Beach Kids Too!

We are so happy to have your family as part of our Beach Kids community. This packet contains the information, agreements, and forms we use to keep your child safe, supported, and happy.

Registration Guide

***Please do NOT check off; Admin. Only**

Child's Name _____ DOB: _____

Parent Name _____ Phone _____ Email _____

1. Registration agreement and signatures _____
2. Emergency procedures acknowledgment _____
3. Sick policy acknowledgment _____
4. Photo & social media consent _____
5. Family contact-sharing preference _____
6. Diapering/toileting and topical preparation consent (if applicable) _____
7. Napping agreement _____
8. Food/cooking/birthday party consent _____
9. Child profile _____
10. Emergency Card (blue card) _____
11. Required NYS OCFS enrollment and medical forms _____
 - In-Care Medical _____
 - Non-Medical (sunscreen and/or diaper/topical creams) _____
 - Allergy Plan (if applicable) _____ 7006 _____ 6029 _____ 7002
12. Registration fee and security deposit _____
13. Classroom supplies _____

Important Dates

Start Date: _____

Medical Form Due: _____

Registration Fee Paid: _____ via _____

Security Deposit Paid: _____ via _____

Enrollment, Tuition & Schedule

Your Enrollment

My child, _____, will attend Beach Kids beginning on _____. My child is enrolled for _____ days per week, at a monthly tuition of \$_____. Tuition is paid in advance on the 1st of each month.

_____I understand care is provided and tuition is paid on a month-to-month basis. If I disenroll my child, I am responsible for the full month in which withdrawal occurs, subject to the required notice.

_____I understand tuition is due regardless of personal vacations, school vacations, occasional illness, snow days, or other absences. No credits, refunds, or make-up days are provided for occasional absences.

_____If Beach Kids must close because of a local/state emergency, tuition will be reduced to half of the contracted rate in order to maintain enrollment.

_____I understand a late fee may be applied for each day tuition remains unpaid. If an account is delinquent for more than two weeks. Returned checks are subject to a \$35 service fee.

_____I understand pickup after scheduled closing time is subject to a \$1-per-minute late fee until my child is picked up.

_____I understand two weeks' written notice is required for withdrawal, schedule changes, or contract changes, and once a child is withdrawn, the previous spot is not guaranteed. Re-enrollment is based on availability.

_____I understand a 10% sibling discount is available for each additional child from the immediate family when applicable.

Annual Tuition Adjustments

***Beach Kids tuition is subject to an annual increase.** The timing of a tuition adjustment will generally be either **January or September, based on your child's enrollment date.** Families will be given notice before a new rate takes effect.

Your Weekly Schedule

Monday_____ Times:_____

Tuesday_____ Times:_____

Wednesday_____ Times:_____

Thursday_____ Times:_____

Friday_____ Times:_____

Parent/Guardian Signature: _____ Date: _____

School Calendar & Attendance

Which school calendar should I follow?

Beach Kids follows the Long Beach School District calendar.

The Long Beach School District calendar generally coincides with the Island Park School District calendar. However, there have been slight differences in the past. To avoid confusion, **we ask families to use the Beach Kids and/or Long Beach School District calendar as the official calendar for Beach Kids.**

When planning school-year vacations, childcare, or attendance, please use the Long Beach School District calendar as your Beach Kids reference. If the two district calendars differ, follow Long Beach for Beach Kids.

Beach Kids is open during the summer. Summer programming dates and details will be communicated separately.

_____ I understand that Beach Kids follows the Long Beach School District calendar and that I am responsible for checking that calendar for school-year closures and breaks. I understand that Beach Kids remains open during the summer.

Parent/Guardian Signature: _____ Date: _____

Classroom Placement & Moving Up

Children grow and develop at their own pace. We want transitions to feel comfortable and successful, so classroom placement is not based on your child's birthday alone.

Our 3-Month Moving-Up Window

Beach Kids allows a **three-month flexibility window before and after a child's birthday** for moving into the next age group or, when appropriate, remaining in the current group a little longer.

Placement and timing may consider:

- developmental goals and readiness
- teacher observations and recommendations
- school/director recommendations
- birthday and age
- classroom dynamics and the child's comfort
- available space and current waitlists

This flexibility allows us to look at the whole child rather than using a birthday as the only determining factor. A child may move up earlier, move up later, or remain in the current classroom temporarily when appropriate.

Please understand: Reaching the age for the next classroom does not automatically guarantee an immediate transition. Classroom space, time of year, and waitlists may affect timing.

Parent/Guardian Acknowledgment

_____ I have read and understand Beach Kids' three-month flexibility window for classroom transitions. I understand that my child may move to the next group or remain in the current group within this window based on developmental goals, teacher/school recommendations, birthday/age, classroom readiness, and available space/waitlists.

Parent/Guardian Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

Photo & Social Media Consent

We love capturing the special moments that make Beach Kids a fun and memorable place for children, and we love sharing a glimpse of our school community with our Beach Kids Families!

What do we mean by “Social Media”?

***For this consent, “social media” refers ONLY to the official Beach Kids Instagram and/or Facebook pages.**

We love to share our special place with you and your family members, including classroom activities, special events, projects, celebrations, and everyday moments at Beach Kids. Photos may be shared on our official Beach Kids social media pages when you give permission.

I, _____, **DO** _____ **DO NOT** _____
grant permission for Beach Kids to photograph my child and share those photographs on Beach Kids’ official Instagram and/or Facebook pages.

Parent/Guardian Signature: _____ **Date:** _____



Instagram: Beach Kids Early Learning Center



Facebook: Beach Kids Daycare and Early Learning Center

Family Contact Sharing

Beach Kids may share a class list containing family contact information with other families for purposes such as playdates, birthday parties, or similar family-to-family communication.

_____ **I consent** _____ **I do not consent**

Phone: _____ Email: _____

Phone: _____ Email: _____

Health, Safety & Emergency Procedures

Emergency Medical Authorization

In an emergency, Beach Kids will make every reasonable effort to contact a parent/guardian or emergency contact. When emergency medical care is necessary, this authorization allows the appropriate doctor or hospital to provide treatment deemed necessary for your child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Sick policy

Beach Kids is a **well-child program**. Children who are sick, contagious, or presenting symptoms that create a risk to other children or staff may not attend. If your child becomes ill while at school, we will contact you and you will be expected to arrange prompt pickup.

If your child has been exposed to or diagnosed with a contagious illness, please notify Beach Kids. A doctor's note may be required before your child returns, depending on the circumstances and applicable requirements.

***Medication:** Staff members cannot administer medication except where specifically permitted under applicable required health/emergency plans and forms.

_____ I have read and understand the Beach Kids sick policy and emergency procedures.

Parent/Guardian Signature: _____ Date: _____

Daily Care Consents

Diapering & Toileting

____ I give permission for Beach Kids staff to diaper my child and/or assist with toileting as needed. I understand that I am responsible for providing diapers, wipes, diaper cream, and extra clothing as needed. Diapers will be changed at designated time, as well as on an as need promptly when soiled.

My child is:

- ____ Fully Potty Trained
- ____ Potty Training
- ____ Pull-Ups
- ____ Pull-Ups *at rest time only*
- ____ Diapers
- ____ Needs assistance with wiping

Topical Preparations

With the appropriate non-medication consent form completed for each product, I give permission for staff to apply permitted topical/external preparations such as wipes, bandages, sunscreen, diaper cream, and other approved non-medication products according to applicable directions.

Parent/Guardian Signature: _____ **Date:** _____

Napping & Rest Time

Children who nap will sleep on a Beach Kids mat, sanitized after each use. Families provide a clean sheet/blanket or sleep mat to place on top. Bedding is sent home at the end of each week for cleaning and should return at the beginning of the next week. Nap-room doors remain open, and a staff member remains in the room and/or within sight of sleeping children.

Parent/Guardian Signature: _____ **Date:** _____

Food, Cooking & Celebrations

____ I give permission for my child to participate in cooking activities, birthday celebrations, holiday parties, and to consume foods provided by Beach Kids outside of their regular packed lunch, as applicable.

Parent/Guardian Signature: _____ **Date:** _____

Epinephrine (EPI) Pen

***only complete if applicable**

Staff who have been instructed on the use of the epinephrine auto-injector, diphenhydramine, asthma medication or nebulizer will be present during all hours the child with the potential emergency condition is in care and must be listed on the child's Individual Health Care Plan. The staff administering the epinephrine auto-injector, diphenhydramine, asthma medication or nebulizer must be at least 18-years old, unless the administrant is the parent of the child. Staff will immediately contact 911 after administering epinephrine. If an inhaler or nebulizer for asthma is administered, a staff member must call 911 if the child's breathing does not return to normal after its use. Storage, documentation of administration of medication and labeling of the epinephrine auto-injector, asthma inhaler and asthma nebulizer must be in compliance with all appropriate regulations.

My child _____ will keep an epinephrine auto-injector at the facility.

Parent signature _____ Date _____

Directors Signature: _____ Date: _____

Getting to Know Your Child

The more we know about your child, the better we can help them feel comfortable, understood, and successful at Beach Kids.

Child's Name: _____ DOB: _____

Parent/Guardian Name & Occupation(s): _____

Parent/Guardian Name & Occupation(s): _____

Foods your child especially likes: _____

Foods your child especially dislikes: _____

Typical meal/snack schedule: _____

Favorite toys, games, and activities: _____

Potty trained? _____ Potty training? _____ Word used for potty: _____

Does your child nap at home? _____ describe routine/schedule: _____

How does your child express anger or frustration? _____

Specific fears or sensitivities: _____

What helps comfort your child when upset? _____

Favorite nap toy/blanket: _____

Favorite outdoor activity: _____

Health concerns/allergies we should know about: _____

Special family situations we should know about: _____

Five words that describe your child: _____

Anticipated adjustment concerns: _____

Special services/evaluations received or previously received: _____

Developmental or language delays/concerns diagnosed or suspected: _____

Previous daycare/childcare experience and how it went: _____

Anything else you would like us to know: _____

Family Acknowledgment & Signatures

Thank you for taking the time to review the Beach Kids Registration Packet. These acknowledgments help us begin our partnership with clear expectations and open communication.

I acknowledge that I have reviewed and understand:

- Beach Kids tuition, payment, withdrawal, and schedule policies.
- Beach Kids tuition is subject to an annual increase, generally in January or September based on my child's enrollment date, with notice before the new rate takes effect.
- Beach Kids follows the Long Beach School District calendar and is open during the summer.
- Beach Kids uses a three-month flexibility window for classroom transitions, based on the factors explained in this packet.
- "Social media" for Beach Kids photo consent means only our official Beach Kids Instagram and/or Facebook pages.
- The health, safety, emergency, napping, food, and daily-care policies described in this packet.
- I have received/reviewed the Beach Kids Parent Handbook and understand that additional required NYS/OCFS forms are included.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

Thank you for trusting us!

We are so excited to welcome your family to Beach Kids and be part of your child's early years.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAYCARE ENROLLMENT

<div style="text-align: center;">  </div>	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -	
	CHILD'S FULL NAME:				DATE OF BIRTH: / /	
	PREFERRED NAME/NICKNAME:				GENDER:	
	CHILD'S HOME ADDRESS:					
	NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative ____ ☐ Other ____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () -			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:			☐ ok to text			
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER		OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:		☐ Yes ☐ No	() - ☐ ok to text		() - ☐ ok to text
			☐ Yes ☐ No	() - ☐ ok to text		() - ☐ ok to text
			☐ Yes ☐ No	() - ☐ ok to text		() - ☐ ok to text
FOR PROGRAM USE ONLY				FOR PROGRAM USE ONLY		
DATE OF ENROLLMENT: / /				DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:		DATE OF BIRTH: / /	
Checkboxes below to indicate if your child has any special needs/services: ☐ None ☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy ☐ Allergies (Please list) ☐ Other ____ Please provide information here AND discuss with your child care provider:			
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -	
PREFERRED HOSPITAL:		PHONE NUMBER: () -	
CHILD'S DENTAL CARE:		PHONE NUMBER: () -	
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/			
AGREEMENTS			
• I consent to emergency medical treatment for my child.....		☐ Yes ☐ No	
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		☐ Yes ☐ No	
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		• ☒ Yes ☐ No	
provided information on my child's special needs to the program to assist in caring for my child.....		• ☒ Yes ☐ No	
understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		☐ Yes ☐ No	
• I agree to review and update this information whenever a change occurs and at least once every year.....		☐ Yes ☐ No	

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NON-MEDICATION CONSENT FORM
Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

PARENT TO COMPLETE THIS SECTION (#1 - #14)

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of product (including strength):	5. Amount to be administered:	6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: OR 7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration):		
8A. Possible side effects: See product label for complete list of possible side effects (parent must supply) AND/OR 8B: Additional side effects:		
9. What action should the child care provider take if side effects are noted: Contact parent Other (describe):		
10A. Special instructions: See package insert for complete list of special instructions (parent must supply) AND/OR 10B. Additional special instructions:		
11. Reason(s) for use (unless confidential by law):		
12. Parent name (please print):	13. Date authorized:	
14. Parent signature: X		

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)

15. Program name:	16. Facility ID number:	17. Program telephone number:
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.		

19. Staff's name (please print):

20. Date received from parent:

21. Staff's signature:

X

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child: _____	Date of Birth: _____ / /	Date of Examination: _____ / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Yes No
 Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization: _____	Date: _____ / /	Type of Immunization: _____	Date: _____ / /
Type of Immunization: _____	Date: _____ / /	Type of Immunization: _____	Date: _____ / /
Type of Immunization: _____	Date: _____ / /	Type of Immunization: _____	Date: _____ / /

Tests

Tuberculin Test Date: _____	/ /	Mantoux Results: Positive Negative	mm	
<p>TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.</p> <p>If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.</p> <p>Lead Screening Date: _____</p> <p>Attach lead level statement</p> <p>Lead Screening (Include All Dates and Results)</p> <p>1 year / / Result: _____ mcg Capillary</p> <p>2 years / / Result: _____ /dL Venous Capillary</p> <p>Most recent date of lead screening (if different from above): mcg Venous</p> <p>/ / Result: _____ /dL Venous Capillary</p>				

CHILD IN CARE MEDICAL STATEMENT *(continued)***Health Specifics****Comments**

Are there allergies? (Specify)	Yes	No	
Is medication regularly taken? (Specify drug and condition)	Yes	No	
Is a special diet required? (Specify diet and condition)	Yes	No	
Are there any hearing, visual or dental conditions requiring special attention?	Yes	No	
Are there any medical or developmental conditions requiring special attention?	Yes	No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

Yes No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

() -

Phone

/ /

Date

Beach Kids Too
Infant Feeding Schedule and Parent Agreement
(11-18 months)

- All Bottles, cups and utensils must be labeled with child's first and last name
- Powered formula, ready to feed milk, juice and breast milk must be pre-measured and labeled with child's first and last name ,as well as any expiration dates.
- Microwave heating of infant food and formula is prohibited by regulation.
- The provider will make every effort to accommodate the needs of a child who is breast fed.

Infants' Name: _____ Date of Birth: _____

___ I will provide all formula, solid food, water, and juice for my child.

Check all that apply:

___ Breast Milk ___ Formula, _____ (brand of formula)

___ Solid Foods

List of any food allergies: _____

Please initial:

___ I give the provider permission to add warm sterilized water to powered formula.

___ I give the provider permission to warm milk in a bottle warmer.

___ I give the provider permission to warm solid food.

Please feed my infant according to the following schedule:

Signature of Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____