

# Little Red Rocket Registration Forms

## Ages 2 - 4

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Monday - Friday 8:45 - 12:30

Monday, Wednesday and Friday - Spanish

Tuesday and Thursday - English

Name of Child:

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Checklist:

- Registration Form
- Child Pick-up Authorization Form
- Medical
  - Medical Consent form
  - Copy of Immune Record
- Policies, Rules, Procedure Liability/Photo Release Form
- Payment Policy

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Registration Form

DOB: \_\_\_\_\_

Parent/guardian full name \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/guardian full name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Please Mark Desired Schedule:

Check where Applicable	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session					

## Child pick-up Authorization Form

Adults Authorized to pick up your child (other than parent/guardian):

1. Name: \_\_\_\_\_

a. Relationship to child:

b. Cell phone:

2. Name: \_\_\_\_\_

a. Relationship to child:

b. Cell phone:

Please provide 2 emergency contact names and phone numbers:

1. Name: \_\_\_\_\_

a. Relationship to child:

b. Cell phone:

2. Name: \_\_\_\_\_

a. Relationship to child:

b. Cell phone:

# Emergency Medical consent Form

Please print all information

I, \_\_\_\_\_, parent or legal

guardian of \_\_\_\_\_, born

\_\_\_\_\_, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of LITTLE RED ROCKET and I am not reasonably available by telephone to give consent.

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

Signature of Parent or Legal Guardian

\_\_\_\_\_

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address \_\_\_\_\_

Telephone: Parent 1 \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Parent 2 \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Allergies to drugs or foods \_\_\_\_\_

\_\_\_\_\_

Special Medications, Blood Type or Pertinent Information

\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical information

Physician's name:

-----

Physician's phone number:

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Does your child have any allergies?

Foods: -----

Medications: -----

Getting to Know You (for 2-4 year olds)

Please take a moment to tell us important information about your child

Special ways to sooth my child or soothing toy:

-----

Other special needs:

-----

Is your child potty trained? Y N

If not, please give any special instructions:

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Does your child have any fears?

-----

Language(s) spoken at home: -----

## Policies, Rules, Procedures, Liability & Photo Release

Please do not bring children to Little Red Rocket when they are ill or have communicable medical condition. We reserve the right to restrict admission and/or send the child home, when, in our opinion, that child is ill or risks the health or well-being of other children. In the event of inclement weather, Little Red Rocket follows your school district's lead for school delays and cancellations. In the event that the Program is in session, and the weather becomes dangerous, the parents are encouraged to arrive early to pick up their children from the program. All parents or designated adult Pickup Person must enter the building to pickup their child for the safety of your children, he/she will only be released to the parents or designated pickup person. Should another adult be picking up your child, please send written notification and be advised that they may be asked for photo identification. Once a child is released to his/her parent or designated pickup person, the child's care and safety are the responsibility of the parent or designated adult. We agree to comply with all Little Red Rocket rules, policies and regulations. We fully understand that Little Red Rocket reserves the right to cancel any student's enrollment if the student's physical or mental condition, as disclosed by personal questionnaire, medical, or dental certificate or otherwise, is deemed unsatisfactory, or to dismiss a student whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of Little Red Rocket and/ or other students. In such cases, the unused portion of Little Red Rocket fees will be refunded. No refund, however, will be made on a voluntary withdrawal or violation of Little Red Rocket policies. All commitments are for the calendar school year. We agree to Hold Harmless and indemnify The Little Red Rocket Programs if our student damages property or injures or harms any individual. NO ALLOWANCE SHALL BE MADE FOR LATE ARRIVAL OR EARLY DEPARTURE. We understand that Little Red Rocket is not responsible and is held responsible for damage or loss of money, jewelry, equipment, clothing or other personal articles. We understand that valuable items are brought to LITTLE RED ROCKET at your own risk. I AGREE to give Little Red Rocket permission to use photographs, videos or audio recordings of myself or my child for any of Little Red Rocket promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use. If it is necessary, in the judgment of Little Red Rocket personnel, to use outside medical, surgical, or dental aid for the student's health, we hereby permit and authorize him/her to do so. I have read and reviewed the contents of the Little Red Rocket Parent's Manual, and I agree to accurately carryout the policies and procedures of the Little Red Rocket program.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Date \_\_\_\_\_

## Payment Policy

Program installment payments are due the first of every month. A late charge of \$25 will be issued after the 15<sup>th</sup>. We require a non-refundable \$60 registration fee, plus 10% of the yearly amount to join the program.

Schedule Selected and fee: i.e. full time, part time

- 
- I will pay by check (LRR Dual Language) or cash
  - Please charge my credit card automatically on the first of the month according to the payment schedule.

Credit Card Type: -----

Credit Card Number: -----

Exp. Date: -----

Security Code: -----

Credit Card Billing Address (if different from above):

If payment is made to Little Red Rocket by VISA®, MASTERCARD®, AMERICAN EXPRESS, OR DISCOVER®, the issuer of the card identified is authorized to pay the amount agreed upon. By signing below, we promise to pay such total subject to and in accordance with the Agreement governing the use of such card. All balances must be paid in full by the completion of the class. A copy of this contract will be returned to you upon request.

Authorized

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2015 – 2016 School Year Tuition For Preschool Alternative and After School

Please note there is a one-time registration fee of \$60, plus a 10% deposit, to join our programs. The minimum signup is two days per week for 2s, and minimum three days per week for 3s and up.

Preschool Alternative Tuition pricing (per year):

Two mornings per week: \$4500

Three mornings per week: \$6500

Four mornings per week: \$8500

Five mornings per week: special rate of \$9500

Amount may be paid in monthly installments for a total of ten months (September to June). Please note that upon signup, enrollment is assumed until the end of the school year in June.

# Breakfast Menu

Monday:

French Toast & Strawberries

Tuesday:

Scrambled Eggs & Wheat Toast

Wednesday:

Banana Pancakes

Thursday:

Oatmeal & Raisins

Friday:

Yogurt & Fruit Salad

Alternative options: Waffles, Cereal, various fruit choices

# Daily Schedules

2s			3s			4s		
Time	Activity	Room	Time	Activity	Room	Time	Activity	Room
8:45	Free Play	Front	8:45	Free Play	Front Classroom	8:45	Free Play	Gym Room
9:15	Breakfast	Back Classroom	9:15	Breakfast	Front Classroom	9:15	Breakfast	Front
9:30	Circle Time	Back Classroom	9:30	Circle Time	Gym Room	9:30	Circle Time	Gym Room
9:45	Center Play	Back Classroom	9:45	Art	Front Classroom	9:45	Center Time	Front
10:30	Gym	Gym Room	10:30	Center Play	Front	10:30	Literacy	Back Classroom
11:00	Art	Front Classroom	11:00	Literacy	Back Classroom	11:00	Gym	Gym Room
11:30	Center Play	Front	11:30	Gym	Gym Room	11:30	Art	Front Classroom
12:00	Lunch	Back Classroom	12:00	Lunch	Front Classroom	12:00	Lunch	Front
12:20 - 12:30	Pickup	Back Classroom/ Gym	12:20 - 12:30	Pickup	Front Classroom/ Front	12:20 - 12:30	Pickup	Front

# Checklist - What to bring to Little Red Rocket

- Nut Free Lunch
- Water Bottle
- Clearly labeled, season-appropriate change of clothes
- Diapers and diaper creme/wipes if needed
- Soothing toy/comfort

# Calendar 2015 – 2016

## Important Dates (all dates are inclusive)

First day – September 9th

Columbus Day – October 12th

Thanksgiving Potluck Dinner – November 20th

Thanksgiving – November 26th and 27th

Winter Break – December 24th – January 1st

Presidents' Day – February 15th

Good Friday – March 25th

Spring Recess – April 25th – 29th

Mothers' Day Breakfast – May 6th

Memorial day – May 30th

Graduation – June 22nd

Last day – June 28th