

**Heads, Hands, & Hearts**  
**DBA Windsor Academy**  
**271 Quassaick Avenue**  
**New Windsor, NY 12553**  
**(845) 562-3711 phone (845) 562-2222 fax**  
[www.windsoracademy.org](http://www.windsoracademy.org)

## 2022-2023 Registration

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_ Sex: M F

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

Mailing Address (if different from above): \_\_\_\_\_

School District: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address for Communication: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

How did you hear about us? (If referred, who referred you?): \_\_\_\_\_

Scheduled Start Date: \_\_\_\_\_

Program:

\_\_\_\_\_ Infant (8 weeks- 18 months) 6:30am -6:00pm

\_\_\_\_\_ Toddler (18 months- 3 years) 6:30am-6:00pm

\_\_\_\_\_ Preschool (3 years- 4 years) 6:30am-6:00pm

\_\_\_\_\_ PreK (4 years- 5 years) 6:30am-6:00pm

\_\_\_\_\_ UPK (Newburgh Schools) varies

\_\_\_\_\_ Before School (UPK, K-5) 6:30am-9:00am

\_\_\_\_\_ After School (UPK, K-5) 3:30pm-6:00pm

\_\_\_\_\_ Summer Camp (5 years-10 years) 6:30am-6:00pm

Please check one of the following:

\_\_\_\_\_ My child will be participating in the Full Year (12 month) program.

\_\_\_\_\_ My child will be participating in the School Year (10 month) program.

\_\_\_\_\_ My child will be participating in the Summer Camp (2 month) program.

**To be completed by the Office:**

Registration Fee Payment Information: \_\_\_\_\_

Bluetooth Entry Information: \_\_\_\_\_

\_\_\_\_\_ Private Pay

\_\_\_\_\_ Child Care Aware (active duty military)

### Emergency Contact/ Pick Up Information

In the event that parents/ guardians cannot be reached, please list emergency contacts. All individuals listed below are also authorized to pick up your child in the instance that parents/ guardians cannot pick up. These individuals should always bring ID and must report to the office upon entering the building. You should list contacts that live nearby for emergency purposes. Please list contacts in the order they should be reached. We always attempt to reach parents/ guardians first.

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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### Medical Information

Child's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Pre-Existing Medical Conditions (i.e. febrile seizures, asthma, etc.): \_\_\_\_\_

Surgeries: \_\_\_\_\_ Medications taken regularly: \_\_\_\_\_

Allergies/ Food Restrictions: \_\_\_\_\_

When I get sick, it is often accompanied by the following symptoms: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's Date of Birth: \_\_\_\_\_

Subscriber's Relationship to Patient: \_\_\_\_\_

### Developmental Goals & Concerns

My family believes I have the following strengths: \_\_\_\_\_

A few things my family and I hope I will do this year are: \_\_\_\_\_

I receive Early Intervention/ Preschool Special Education services: \_\_\_ Yes \_\_\_ No \_\_\_ Previously

Please explain services that are in place and their frequency: \_\_\_\_\_

I am interested in receiving information on Early Intervention/ Special Education services: \_\_\_ Yes \_\_\_ No

Please explain your concerns: \_\_\_\_\_

### Family History

My personality is generally: \_\_\_\_\_ Is your child potty trained? \_\_\_\_\_

List siblings that live in the home (include ages): \_\_\_\_\_

Are there any special conditions we should know about (i.e. divorce, separation, order of protection, custody documents, etc.)?: \_\_\_\_\_

Religion Practiced: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

May I have treats on special occasions that deviate from my lunchbox? \_\_\_ Yes \_\_\_ No

I have the following fears: \_\_\_\_\_

Has your child ever been in daycare? If so, why did you terminate enrollment?: \_\_\_\_\_

\_\_\_\_\_

I have received, read, and understand the 2022-2023 policy statement of Windsor Academy, LLC. and I am in complete agreement with the said terms. I will keep a copy of these policies, as I am aware that they will be strictly enforced.

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

I understand that a majority of the communication with families will be done virtually through the Brightwheel platform. I will be diligent in checking this source daily.

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

I understand that tuition is due regardless of attendance, holidays, emergency closings, and unanticipated acts of God. I understand that late fees will be assessed in accordance to the said terms in the policy statement. Credit card payments will be made via the Brightwheel platform. I understand that a late payment will result in a late fee applied to my account and possible exclusion from the program, as per these policies.

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

I give permission for Windsor Academy, LLC. to seek any and all emergency medical treatment for my child as per the emergency procedures set forth in this policy. Windsor Academy, LLC. will have permission to facilitate appropriate medical treatment for my child until EMS arrives on the scene. EMS has permission to transport my child to the nearest hospital in an emergency.

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

I give permission for Windsor Academy, LLC. to photograph my child and use such photographs in advertising/ literature, website updates, Windsor Academy's social media pages, and newspaper articles.

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

I accept full responsibility for my child's transportation to and from Windsor Academy, LLC. I clearly understand the fees that will be applied should my child not be picked up by 6:00pm. I agree to transport my child as per NYS Motor Vehicle safety laws and understand that Windsor Academy, LLC. may contact the authorities should they observe otherwise.

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

My child has permission to participate in sprinkler play during the summer months and outdoor snow play during the winter months. I will be responsible for supplying appropriate clothing in order for my child to participate.

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

Should I have my child evaluated for early intervention or preschool services, I give permission for Windsor Academy, LLC. to share recent assessment results with any professional involved in the evaluation process.

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

I understand that if anything on this form changes while my child is enrolled in the program, it is my responsibility to contact administration and update this registration information immediately.

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

I have read and fully understand the health exclusion criteria as it pertains to illness. I agree to keep my child home when he/ she is feeling ill, in order to maintain the health and safety of other children and staff in the center. I am aware that if my child's medical statement becomes past due, he/ she may be excluded from the program until paperwork is brought current.

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

I have read and understand the program's allergy action plan. I understand that if my child has ANY doctor diagnosed allergy, it will be my responsibility to acquire the necessary paperwork, as requested by administration.

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

